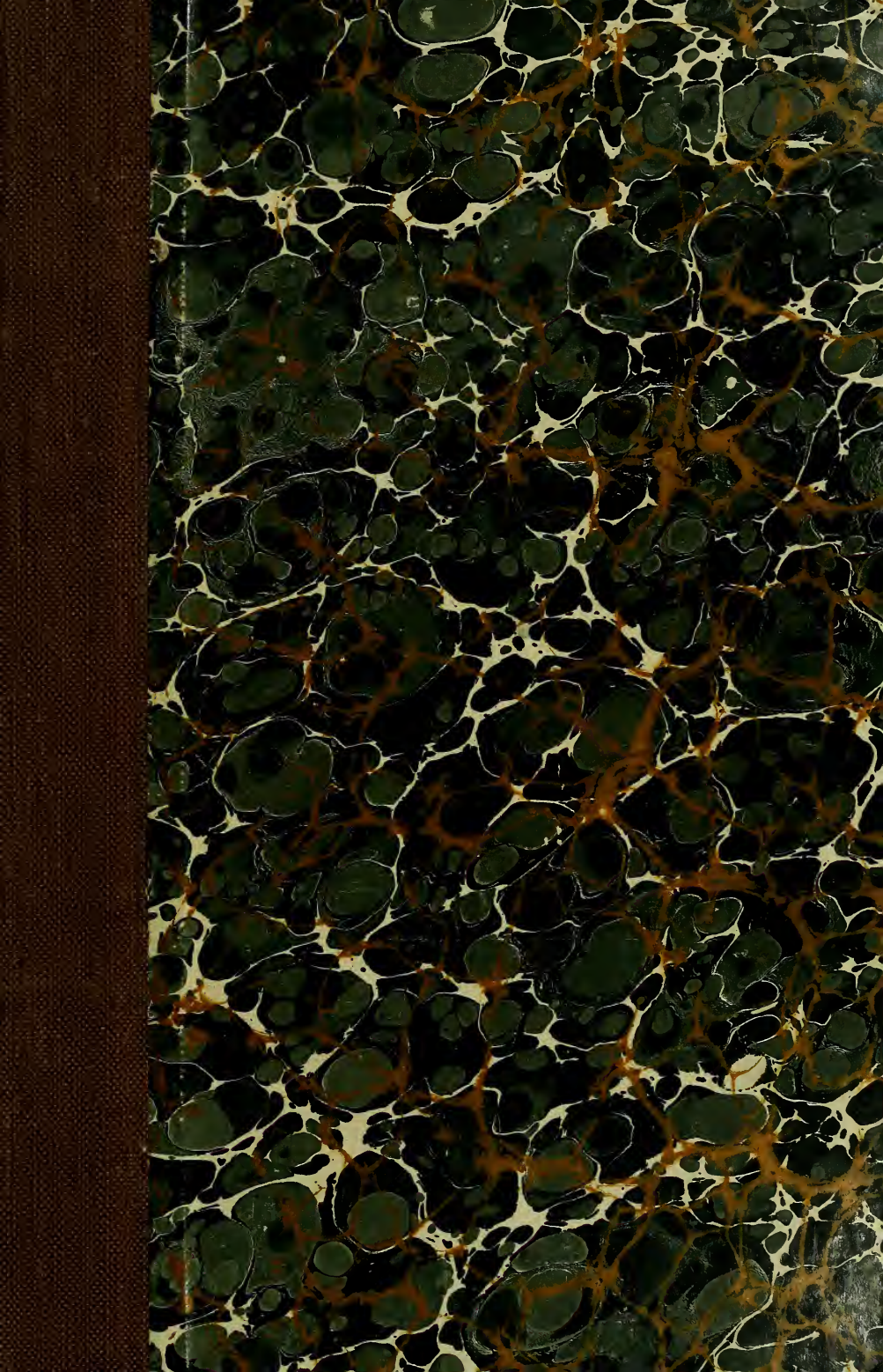




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To
The Medical Society
of Aberdeen -

with Dr. Martineau's
best wishes, for its prosperity.

General Hospital Medical

13th Oct. 1833

CODE
OF
REGULATIONS
FOR THE
MEDICAL DEPARTMENT
OF THE
PRESIDENCY
OF
FORT ST. GEORGE.



MADRAS:

PRINTED AT THE ASYLUM PRESS,

1833.

HEAD QUARTERS, CHOULTRY PLAIN;

31st JULY 1833.

The Right Honorable the Governor in Council having addressed the subjoined Orders to His Excellency the Commander in Chief, to be published to the Army, they are accordingly published in Military Orders.

No. 196.

FORT ST. GEORGE, 19th July 1833.

G. O. BY GOVERNMENT.

The Right Honorable the Governor in Council having approved of a compilation of Orders for the conduct of the Medical Department of the Army of Fort Saint George hereby establishes the same as a Code of Regulations for the guidance of all Corps and Departments to which it relates.

The Right Honorable the Governor in Council is pleased to annul and to declare to be abrogated from and after the 1st September next, all existing Regulations militating against any part of the Code now established.

By order of the Right Honorable the Governor in Council.

(Signed) ROBERT CLERK,
Secretary to Government.

BY ORDER OF THE COMMANDER IN CHIEF.

T. H. S. CONWAY,
Adjutant General of the Army.

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SECTION I.

GENERAL REGULATIONS

FOR

EUROPEAN AND NATIVE HOSPITALS.

1. The sick of all European and native corps are to be attended in regimental, and battalion, hospitals, in all situations, by the medical staff of corps respectively, and to be under their immediate management and care. Sick how attended.

2. Medical officers in charge of European or native sick of the Company's service, in conducting their duties, are subject to the orders and directions of superintending surgeons, and to the general control of the medical board, acting under the commander in chief. Medical control.

3. The superintendence of the hospitals of his Majesty's regiments, serving under this presidency, will rest solely with his Majesty's deputy inspector general of hospitals as to professional practice ; leaving that, however, of economical concerns with the superintending surgeons of the Company's service. But, that such of these hospitals, as may be out of the reach of the visits of the former, may not be deprived of the advantage of personal inspection, in such case the professional as well as economical points will come under the examination of the superintending surgeons of divisions, under such instructions as they may receive from his Majesty's deputy inspector general of hospitals, and reporting solely through him on professional points, for the information of the commander in chief.

4. Medical officers, in charge of his Majesty's regiments, will consequently be required only to furnish the medical board of the presidency with the monthly, quarterly, and half yearly, numerical returns of sick, necessary to enable them to judge of the financial concerns of the hospital, and to furnish the usual returns to government.

Hospital supplies.

5. European medicines and instruments, for the sick of European and native corps, and authorized public followers, will be supplied, on indents, as hereafter directed, from the depots of medical stores.

6. The diet, clothing, bedding, servants, wine, and whatever may be required, for the use of European sick in hospital, will be provided at the expense of government, under the management of the commissariat department.

7. Hospital necessities of every description for native sick will be furnished by the commissariat.

Hospital discipline.

8. When a soldier is sent to the hospital, his arms and accoutrements are to be left with his troop or company ; and in no instance is he to take his arms or ammunition with him into the hospital.

9. The utmost attention is to be invariably paid to cleanliness, in and around all hospitals, in every situation. The quarter master's establishments of corps respectively, when such exist, are to be employed, as often as may be necessary, to keep the ground adjacent to the hospitals free from weeds, to fill up all hollows or excavations, and to prevent any water from remaining on the ground in the vicinity of the hospitals. The medical staff in charge will make application for such aid to the commanding officer, whenever requisite ; and, where there are no establishments of the above description with individual corps, such public followers, as may be suited for this purpose, shall be furnished by commanding officers

of stations, cantonnments, or camps, on a proper application being made to that effect. Where there may be none such, labourers are to be procured by the commissariat department, on indents preferred from the quarter master or other officer in charge, countersigned by the officer commanding the station or brigade.

10. The doors and windows are to be thrown open every morning at a proper hour, the floors are to be previously sprinkled with water, in order to prevent dust, and then swept, and all stains on the walls or floors are to be washed out. The ground also, to the distance of some yards around the hospital, is to be swept and kept clean.

11. Surgeons and assistant surgeons of hospitals and corps are required to make their morning visit to their respective hospitals by half past 6 o'clock, from 1st March to 1st October ; and not later than half past 7 o'clock, from 1st October to 1st March ; except in those cases where it can be satisfactorily shown that their attendance at the hours specified was absolutely necessary elsewhere on public duty. The evening visit at all seasons of the year to be at half an hour before sun set. This visit to native hospitals, and to the hospitals of small detachments of Europeans, may be dispensed with when deemed unnecessary. All hospitals will be visited at other times when necessary ; and the subordinate attendants, resident at the hospital, will be instructed to make an immediate report to the medical officer in charge whenever a case of serious illness is admitted, or when other circumstances may require his prompt attendance.

12. The sick in hospital, either Europeans or natives, are not to be permitted to leave the hospital without special leave from the surgeon, or medical staff officer in charge.

13. Patients in the hospital are not to be permitted to smoke tobacco in the wards; but, if permitted to use tobacco, they may do so in the verandahs.

14. Sepoys will bring with them into hospital their own bedding; and the surgeon is to be specially attentive in causing every article of this kind to be kept perfectly clean. The sick are not to be allowed to have foul-linen or filthy rags about them.

15. The cots for the use of the European sick, and for natives where furnished, are all to be regularly arranged in the wards, and kept at equal distances from each other.

16. The sweepers are to be constantly in attendance at the hospital, and instantly to remove any kind of filth, that may be accidentally thrown upon the floor, or elsewhere.

17. In order that the superintending surgeon, and visiting officer, may recognize the cases of the several patients, the name of each, that of his disorder, and the date of his admission, are, in every hospital, to be inscribed on a docket, which is to be hung over the head of every patient.

18. The rules from the 8th to the 17th paragraph inclusive are to be written in English for European troops, and in Hindoostanee, Malabar, or Teloogoo, for native troops, and to be pasted on a board, which is to be kept suspended in each hospital; and the European and native commissioned officers, who shall daily visit each hospital, will see that the rules are strictly observed, and report accordingly.

Hospital servants.

19. The servants connected with the department of supply, and the attendants on the sick, and menial hospital servants, with the exception of the toties of native

corps, will be furnished, as already stated, by the commissariat.

20. The warrant and non commissioned medical officers, of corps and hospitals, are appointed by the commander in chief, from the general establishment. The following table, which is here introduced with a view to prevent repetition, exhibits the allotment of these servants, sanctioned for the several descriptions of hospitals.

	OF EUROPEAN DESCENT.				NATIVE.		
	Apothecary.	2d apothecary.	Assist. apoth.	Apprentices.	First dresser.	Second dresser.	Medical pupils.
General hospital Fort St. George.	1	0	2	0	0	2	0
Depot " Poonamallee....	0	1	1	0	0	1	0
Garrison hospitals (A).....	1	0	1	0	0	0	0
Cantonment " (B).....	1	0	1	0	0	0	0
A regiment of European infantry, cavalry, and battalion artillery	0	1	1	0	0	1	0
Troop of European horse artillery	0	0	1	0	0	0	0
Carnatic European vet. battalion.	0	0	1	0	0	0	0
A regiment of native cavalry or infantry.....	0	0	1	0	0	1	0
Extra regiments, battalion of golyundauze, pioneers, and veterans	0	0	1	0	0	1	0
A troop of native horse artillery	0	0	1	0	0	0	0
(A) Trichinopoly, Bangalore, Cannanore, Bellary, Masulipatam.							
(B) Secunderabad, Nagpoor.							

21. The particular distribution of medical apprentices, and of native medical pupils, will be regulated by the medical board, under the sanction of the commander in chief.

Allowances of
medical officers.

22. Every surgeon in charge of a regiment of cavalry or infantry, European or native, or of a battalion of artillery, horse or foot, is allowed, in addition to the pay and regimental allowances of a captain in the corps with which he may serve, a consolidated medical staff salary of three hundred rupees per month, which is to cover the expense he may incur in visiting patients.

23. Every assistant surgeon having the same charge is allowed, in addition to the pay and regimental allowances of a lieutenant in the corps in which he may serve, a consolidated staff salary of one hundred and sixty five rupees a month, which is equally to cover the expense of visiting patients.

24. Every surgeon or assistant surgeon in charge of a regiment of European cavalry or infantry, or battalion of European artillery, is granted, in addition to his other allowances, 25 rupees per mensem for every hundred Europeans under his charge.

25. Every surgeon or assistant surgeon in charge of European or native soldiers, or native followers entitled to medical attendance, not attached to his own regiment, is granted an allowance of twenty-five rupees per month for every hundred Europeans, and twelve rupees eight annas per month for every hundred natives.

26. Medical officers in charge of wings of European and native regiments are entitled to the consolidated staff salary of their rank, the same as if they had charge of a whole regiment.

27. Medical officers having charge of detachments of corps, European or native, *below* the strength of a wing, are entitled to the allowance for the means of visiting patients (rupees 30 per month) in addition to head money.

28. The allowance for visiting patients (rupees 30 per month) is granted to medical officers, in addition to head money, when their charges do not entitle them to the staff salary of their rank, but with which, or with staff salary of any description, the allowance for visiting patients is never to be drawn.

29. Medical officers in receipt of staff salary for the charge of *one* corps, and placed in temporary charge of *another*, are entitled for the latter to "head money" only. The same regulation in similar circumstances is to apply to garrison or other staff medical officers.

30. The carriage of all hospital stores, including medicines and instruments, will be provided for by the commissariat, at the expense of government, upon indents countersigned by the superintending surgeon, or, in his absence, by the officer commanding. Duplicates of these indents shall be forwarded by the superintending surgeon to the medical board; and the responsibility will rest upon the indenting officer until his requisition has received the sanction of that authority. The duplicate indent, when sanctioned, shall be returned to the superintending surgeon, for the purpose of being delivered to the commissariat officer, and will be the proper voucher for the supply.

Carriage of stores.

31. All corps, European and native, will be provided, at the public expense, with portable medicine chests of the approved pattern; the number of the regiment, or battalion, to which the chests belong, being painted on them.

32. The following articles of furniture will be supplied for regimental dispensaries. Those allowed in garrison, but not in the field or marching, are to be considered hospital fixtures, and not on any occasion to be removed on the march of corps.

Dispensary furniture.

GENERAL REGULATIONS.

ARTICLES.	EUROPEAN CORPS.		NATIVE CORPS.	
	In garrison.	In the field or marching.	In garrison.	In the field or marching.
Almirah for holding medicines.	2	0	1	0
Compounding table.....	1	0	1	0
Writing table.....	1	1	1	1
Chairs.....	4	2	2	1
Medicine trays.....	2	1	1	0

Transfer of sick.

33. In all cases of transfer of sick soldiers, an account of the history and progress of their cases, and of the remedies that have been used, is to be sent along with them, for the information of the succeeding medical attendant ; and, where this is neglected, a report of the circumstance is to be immediately made to the superintending surgeon, for the information of the medical board.

34. In order that European and native soldiers, at out stations, affected with diseases of the eye, may receive timely and appropriate medical treatment, it is directed, that all such patients be transferred to the presidency, after being a moderate time under the care of their respective surgeons, who are directed to furnish a copy of their cases to the superintendent of the eye infirmary *direct*, to whom all communications respecting this class of patients are to be made.

Transfer of insane persons.

35. No commissioned, or non commissioned, officer, or soldier, or other person connected with the army, shall be sent away from his corps, station, or department, on account of insanity, who has not been at least three months under the immediate charge of the medical officer attached, unless under some peculiar and pressing circum-

stances, connected with his health otherwise, or with the movements of corps.

36. When an individual is sent to the presidency for professional examination, and ultimate disposal, the officer, under whom the party has been placed previously thereto, shall transmit to the medical board as full an account as possible of the private history of the patient, in so far as it may be connected with his then situation, or in any respect elucidatory of the causes of the malady, with which he is afflicted.

37. The medical officer, who has been in charge, will likewise transmit, through the superintending surgeon of the division, to the medical board, a minute medical history of the case, taken from the journal or diary, which is in all such cases to be carefully kept; and it will be the duty of commanding officers to see that this document has been duly forwarded at the time the party, to whom it relates, departs for the presidency.

38. Detachments, either of European or native troops, Detachments. moving from station to station, will be supplied with medicines for the march, from the depots of medical stores at the presidency and out stations, packed in portable medicine boxes, agreeably to a scale fixed by the medical board, and furnished to the medical and deputy medical storekeepers.

39. Coolies shall be provided for the carriage of medicines, with all parties of European or native troops, moving from station to station, less than complete corps, but which are sufficiently large to be under the charge of a medical officer, in the following proportions, viz.

With all detachments consisting of,

EUROPEANS.	NATIVES.	COOLIES.
25 to 75.....	50 to 150.....	1.
75 to 250.....	150 to 400.....	2.
250 to 350.....		3.

40. The above coolies to be supplied in the same manner, and under the same forms, as prescribed for the carriage of the portable medicine chests attached to corps, in the 19th paragraph 6th section of the regulations for the quarter master general's department.

41. In detachments, either European or native, less than the above, where the assistance of a medical attendant may be necessary, one cooly for the carriage of medicines shall be supplied.

42. When detachments march from the presidency* or other stations, where public depots of medicines are maintained, the medical storekeeper at the former, and the deputy medical storekeepers at the latter, are to be charged with the duty of indenting for the carriage authorized by the paragraphs 39, 40, and 41. At other places the duty is to be performed by the surgeon, or assistant surgeon, proceeding in charge of the detachment; or, in cases where medical attendants of inferior rank only are ordered, by the garrison or other surgeon, who may have been in previous charge of the troops about to march.

43. On the arrival of detachments at their respective destinations, the boxes with the remains of the supply of medicines will be delivered over to the medical or deputy medical storekeeper, as the case may be, or, at stations

* Including St. Thomas's Mount, Poonamallee, and Palavem.

where there is no depot of medical stores, to the senior medical officer present.

44. The medical duties of details or small detachments, whether of European or native troops, are to be performed by apothecaries or assistant apothecaries, for which purpose a sufficient number of disposable medical servants of that description will be placed in each division of the army.

45. Apothecaries and assistant apothecaries, attached to superintending and staff surgeons, are to be held expressly available for this duty ; while those attached to garrison surgeons, or deputy medical storekeepers, are not to be detached unless on occasion of necessity.

46. As a general system, officers commanding divisions and stations through which detachments or small details of troops, European or native, may pass, and to which subordinate medical servants may be attached, for the purpose of affording medical aid, will relieve them, in order that they may return to their stations, as frequently as the convenience of the service, and the means at their disposal will admit ; and officers commanding divisions and stations will, on the same principle, avail themselves, upon all suitable occasions, of the service of such medical servants, as, on their return to their stations, may be applicable to do duty with detachments on route, or immediately about to move.

SECTION II.

PARTICULAR REGULATIONS RELATIVE TO
THE SICK OF EUROPEAN TROOPS.

King's and Company's
In Garrison and in the Field.

1. The diet for the sick in hospital is to be regulated Diet.
by the following table of diet.

DIET TABLE.

	BREAKFAST.	DAILY ALLOW- ANCE OF BREAD.	DINNER.	SUPPER.
Full.	One pint of tea.	Twelve ounces.	A pint of broth, twelve ounces of mutton or beef, and four ounces of rice boiled.	Tea, or good thick congee, one pint.
Half.	One pint of tea.	Twelve ounces.	A pint of broth, and eight ounces of mutton or beef.	The same as in full diet.
Fowl.	One pint of tea, or of thin boiled arrow root.	Eight ounces.	A chicken, or one half of a fowl, either made into soup or broth, or boiled with a portion of rice and black pepper in the form of pish pash.	The same as the breakfast.
Low.	One pint of tea, or of thin boiled arrow root.	Eight ounces.	Half a chicken, or one third of a fowl, made into soup or pish pash; or one pint of sago.	The same as the breakfast.
Spoon.	One pint of tea, or ginger tea, or thin boiled arrow root.	Eight ounces where deemed requisite by the surgeon; but to be restricted to a smaller quantity, or omitted altogether, at his discretion.	One pint of boiled arrow root or sago.	The same as the breakfast.

Explanations.

1st. The proportions of ingredients to a pint of tea are, a quarter of an ounce of tea, half an ounce of sugar, and a soldier's dram measure of milk. A like proportion of sugar, and milk, is to be allowed, when ginger tea, arrow root, or congee, is given for breakfast or supper.

2d. Each pint of broth to be made with three-quarters of an ounce of barley or rice, and a due portion of greens, onions, black pepper, and salt. Greens to be omitted in the broth for patients in whose cases they are considered unsuitable. Onions, black pepper, and salt, are allowed for pish pash and soup. The quantity of rice for pish pash is two ounces.

3d. In cases where arrowroot, or sago, forms the dinner, the quantity ordered may be given either at once, or at different times in the course of the day, with a proportion of milk or wine, at the discretion of the surgeon.

4th. The specified quantity of meat is to be understood to refer to its weight in an undressed state, including bones; and the broth is to be made from the quantity laid down in each diet: the quantity of rice, to its weight before being boiled.

5th. Toast water, barley water, milk and water, very thin arrow root, or other diluents, will be furnished for common drink, according to the judgment of the surgeon, in cases and forms of disease in which they are considered preferable to rice congee, which is to be kept in readiness at all times for the common use of the patients in general.

Remarks.

1st. The fowl diet and low diet of this table have been framed with the particular view of affording a proper diet for convalescents from acute diseases. Much

injury probably arises from patients passing at once, from spoon or fever diet, to a full or even half diet of beef or mutton ; and it is hoped, that the present forms will be applied with a particular view to avoiding the risk of sudden changes in such cases.

2d. The spoon diet, introduced in the table, is considered the most appropriate that can be used in the acute stages of almost all diseases, in which it must often happen that any supply of bread is inadvisable. This diet may be accommodated to particular cases of severe and lingering illness by substituting rice or sago pudding, or some other extra, for dinner, instead of arrow root. The allowance of bread to patients on this diet may also be increased in particular cases to twelve ounces, at the discretion of the surgeon ; the additional four ounces being exhibited as an extra.

3d. When it is wished to put any patient on a milk diet, this also may be done by ordering a pint of milk, morning and evening, instead of the breakfast and supper, that are laid down in the column for spoon diet.

4th. With these exceptions, it is expected that the forms of diet, exhibited in this table, will be undeviatingly adhered to.

2. The bread and provisions, of every description, furnished, in conformity to the above regulation of diet, are invariably to be of the best quality.

3. Should it happen, in the field, or during the march of troops, that any of the articles, specified in the diet table, cannot be procured, the best substitutes are to be provided by the commissariat in lieu of them, in communication with the officer commanding, and the senior medical officer present.

4. Printed copies of the diet table, with the explanatory remarks, are to be hung up in all hospitals, and renewed as often as may be necessary.

5. Articles of "extra diet," deemed necessary by the surgeon, are to be always entered in the medical diaries; and, being inserted in the diet rolls, they will be duly supplied by the commissariat. Patients receiving these articles are always to appear in the diet rolls under the head of spoon diet. Wine, or spirits, however, when thought necessary, are to be supplied to patients on any diet, at the discretion of the surgeon.

6. To simplify and diminish the entries in the weekly diet rolls, the formulæ, annexed to this section, for diluents, puddings, &c., are to be adopted in all European hospitals; and the directions respecting their entry in the rolls strictly observed.

7. Daily diet rolls, in the form annexed, (A,) are to be made out by the surgeon in charge, and hung up in each ward of the hospital. These rolls are to commence with the first, and end with the last, day of the month, and are to be changed weekly. At the end of the week, they are to be signed by the surgeon, and forwarded to the superintending surgeon of the division, to be by him examined, countersigned, and transmitted to the local commissariat officer, as vouchers for the expenditure of that department.

8. When milk, extra to the allowed quantity of a pint morning and evening, is prescribed for a patient on milk diet; or when other extra articles, not sanctioned as substitutions by the remarks subjoined to the diet table, are ordered; a detail of the necessity must be given, in a memorandum to accompany the weekly diet roll to the superintending surgeon, who will, in all cases where the

explanation does not appear to him satisfactory, report the circumstance to the medical board.

9. Patients are to be dieted in hospital from the time they enter it, till the time they leave it ; and the patients are to be subjected to hospital stoppages for the day on which they are discharged from hospital, but not for that on which they are received into it.

10. An indent, prepared according to the form B, exhibiting the aggregate number of sick, under the different heads of diet, as nearly as can be determined, will also be furnished by the surgeon in the evening, as a guide to the agents of the commissariat in providing the supplies for the succeeding day.

11. Cooking utensils, plates, spoons, earthen ware vessels, and all other necessary articles connected with the diet of the sick in hospital, will be provided by the commissariat department, in such proportions, as, on experience, may be found to be requisite and useful. Cooking and messing utensils.

12. A soup plate or platter, a can or bowl, and a drinking cup, to be furnished to each patient, with a spoon : but the sick will use their own knives and forks. Tin vessels will invariably be used in the field ; but coarse China ware may be substituted in garrison. Each patient, in fixed hospitals, will be supplied with a spitting pot, and a small basket for containing dinner utensils, &c.

13. Tables and forms, to be used at meal times, will be provided, in such number, and of such size and dimensions, as superintending surgeons may deem most convenient.

14. Wines and spirits, for the sick in hospital, are to be issued and accounted for by measures, forty of which are to be equal to one gallon. Proper wine measures will be supplied by the commissariat department accordingly. Wines and spirits.

It will be the duty of superintending surgeons to regulate the quantity of wine expended, in hospitals under their superintendence, according to the number of sick, and the nature of the diseases under which they labour : and any instance of neglect in this respect, leading to lavish expenditure, will be marked with the displeasure of government. In the event of any abuse, waste, or profusion in the expenditure of wine or spirits for sick at a station too distant for frequent personal inspection by the superintending surgeon, it will be his duty to report the subject immediately to the officer commanding the division.

15. Monthly nominal returns, in the prescribed form, of the expenditure of wine and spirits, for the use of sick of hospitals, will be made by the surgeon in charge, for the information of the medical board.

Clothing and
bedding.

16. The several articles of hospital clothing and bedding, as hereafter described, are to be provided, and constantly kept up in good and serviceable condition, by the commissariat department, for the hospitals of corps, or divisions of corps, in the proportions undermentioned.

17. The articles of bedding and clothing are the following.

A painted wooden cot with tape.

A pailasse when marching or in the field.

Two quilts of gingham, both lined, and one of them quilted with cotton; one blanket, and two pillows; a bed gown, trousers, a cap of gingham lined, and a white cotton shirt. Also, when thought necessary by the surgeon, a flannel banyan and flannel drawers, a pair of short worsted stockings or flannel socks, and a cap lined with flannel.

18. A proportion of gingham bed gowns lined with

flannel, and of pillows, extra to the numbers specified, to be always in readiness for such cases as they may be ordered for by the surgeon. The paillasses are to be stuffed with straw, which is to be frequently renewed; and pillows for supporting the limbs, in cases which require them, to be also stuffed with straw; but pillows for the head to be stuffed with cotton or coir, excepting in the field, when straw may be substituted if circumstances require it.

19. Every patient is to be furnished with a clean shirt every second morning, and with bed gown, cap, and long drawers twice a week, and clean quilts once a week. The surgeon, however, will order changes of bedding and clothing at any intermediate times, when necessary.

20. Of the foregoing articles of bedding and clothing, the stock is to be kept up at the rate of sixty shirts, forty quilts, thirty gowns, thirty caps, thirty banyans, and thirty pairs of long drawers, for every hundred men, composing the numerical strength of a regiment or detachment.

21. Patterns of the foregoing, as well as of the necessary clothing, &c., prepared under the inspection of the medical board, and stamped with the seal of that board, are to be despatched to every station at which European hospitals are, or may be hereafter, established; and, according to these patterns, the commissariat will prepare and submit for survey, from time to time, such supplies of the several articles as may be required for hospitals respectively.

22. Whenever any addition to those articles may be necessary, or likely to become so, they are to be forthwith provided by the commissariat, on the requisition of the superintending surgeon: or, where there may be no superintending surgeon on the spot, the requisition of the

medical staff in charge of the sick, countersigned by the officers commanding the regiment, and the station, or detachment, is to be immediately complied with. These requisitionary applications will be the commissariat officer's vouchers, for the articles supplied on them.

23. A general quarterly return of the hospital clothing, furniture, and servants, in use with all the hospitals on the establishment, shall be sent by the commissary general to the medical board.

Attendants and
servants.

24. The requisite establishments of attendants and servants, for the hospitals of corps and detachments, are to be provided and paid by the commissariat, in the same manner as the other servants of that department.

25. The servants specified in the following table will be permanently maintained, by the commissariat, for each description of European hospital, in garrison and in the field.

DESCRIPTION OF HOSPITALS.

Head conicopoly.	Assistant do.	Cook.	Cook's mate.	Cooly maistry.	Coolies for leeching, fo- mentations, &c.	Ward coolies.	Cooly woman.	Sweepers.	Totes.	Puckallies.	Bheesty.	Waterwoman.	Tailors.	Washermen.
1	1	1	1	1	3	8	1	3	3	0	0	0	2	2
1	0	1	0	0	2	5	0	2	2	1	0	0	1	1
0	1	1	0	0	4	2	0	1	1	0	1	0	0	1
0	1	0	1	0	1	1	0	0	1	0	0	1	0	0
1	1	1	1	1	3	10	1	3	3	2	1	0	2	2
1	0	1	0	0	2	4	0	2	2	1	1	0	1	1
0	1	1	0	0	1	2	0	1	1	1	0	0	1	1

General hospital Fort Saint George..... }
 Depot " Poonamallee..... }
 Entire regiment in garrison..... }
 { Wing, or detachment equal to 300 }
 { men, or head quarters of a batta- }
 { lion of European artillery..... }
 IN GARRISON.. } Detachment do. to 100 men
 { Hospitals of garrisons and canton- }
 { ments when European artillery }
 { does not form a part of the charge. }
 { Entire regiment..... }
 IN THE FIELD } Wing or detachment equal to 300 men.
 OR MARCHING.. } Detachment do. to 100 men.

1st. Whenever the number of men in hospital of a regiment, or of the two stations abovementioned, shall exceed 80, an additional cooly, for every eight men in excess to that number, will be furnished : and each bed-ridden patient will also be entitled to a cooly.

2d. Whenever the number of female patients exceeds eight, one woman will, in ordinary cases, be allowed to every eight patients.

3d. The above establishment is considered sufficient for all the duties of hospitals, under ordinary circumstances : but, under any peculiar circumstances that may render them indispensably necessary, additional coolies, sweepers, and toties, will be furnished, on written applications to the commissariat by the superintending surgeon ; or, where no superintending surgeon may be present, by the medical officer in charge of the hospital : the circumstances being at the same time reported to the medical board.

26. The recommendation of superintending surgeons is always to be attended to, in behalf of persons, who may be by them deemed qualified to be employed, as cooks, coolies, toties, and sweepers, of the hospital department ; and no servant of these descriptions shall be removed or discharged from the hospital establishments, by the officers of the commissariat, for incapacity or misconduct, unless on the recommendation of the superintending surgeon, or by the sentence of a court-martial.

27. In the case of a detachment from an European corps, a proportion of hospital establishment, according to the scale abovementioned, is to be furnished, by the commissariat, in communication with the superintending surgeon, or, in his absence, the regimental surgeon. Specific application is to be made to the commissariat for such

additional persons to be entertained as may be necessary in such cases, and as cannot be spared from the permanent hospital establishment.

28. These applications are to be made by the regimental surgeon, countersigned by the superintending surgeon when present, and, when that officer is absent, by the commanding officer of the corps or station, from which the detachment is sent; which applications, so countersigned, will constitute a voucher, for the commissariat, of the necessity of the provision which it is called upon to furnish.

29. Under any peculiar circumstances that may render it absolutely necessary, an orderly comrade may be allowed to attend on a sick soldier in hospital, at the requisition of the surgeon, under the sanction of the commanding officer.

30. Night chairs with stool pans will be furnished, in the proportion of sixteen for an entire regiment, and two for every hundred men of detachments and wings of corps. To answer in all situations, the pans are to be of brass; but those of Delf or China ware already provided, may be employed till expended. For the convenience of carriage, the pans will be arranged in sets of four, of sizes adapted for insertion into each other.

31. Hospitals will be lighted by lamps suspended from the ceiling, and placed at suitable distances: and portable hand shades will be supplied for the dispensary, and for carrying to any place in the wards.

32. Indents for European medicines and instruments, for the use of all European corps, are to be prepared half yearly under ordinary circumstances, by regimental surgeons, or other medical staff in charge of hospitals, according to the prescribed form. The indents for the half

Orderly comrade.

Night chairs.

Lighting of hospitals.

European medicines and instruments.

years commencing 1st of May and 1st of November are to be prepared, and dated, on the 15th of March and 15th of September respectively ; and are to be transmitted to superintending surgeons of divisions, by whom they are to be checked and countersigned. The indents of medical officers, stationed in divisions where medical depots are established, are to be passed and complied with on the authority of superintending surgeons : and those of officers receiving supplies from the presidency are to be transmitted by the superintending surgeon to the medical store-keeper, who will ascertain their correctness, and forward them to the medical board for sanction.

33. Medical officers are to indent only for the specific articles they are in the habit of using, and are to confine their requisitions to the articles included in the printed indents, on all occasions, except when they are of opinion that some article, not therein specified, might be of essential benefit to the sick ; and they will then explain the circumstances, which, in their judgment, render necessary the article so required, for the consideration of their superintending surgeon, who will authorize the supply if he considers it proper and expedient to do so.

34. Particular directions, respecting the supply of surgical instruments to executive medical officers of the Company's service, will be found in section 5 paragraph 51.

Wives and
children of sol-
diers.

35. The wives and children of European soldiers are to be attended by the medical officers of the corps to which they belong ; and, when needful for the proper treatment of their cases, they will be received into, and dieted in, the regimental hospital, at the expense of government.

36. The soldiers' wives and children of his Majesty's

regiments in the garrison of Fort St. George, and of corps stationed at Saint Thomas's Mount, are to be attended by the regimental medical officers, as prescribed in the last paragraph, and are not to be under the charge of the surgeon of the general hospital.

37. The stoppages, from the European sick in hospital, shall be annas 3-1, per man per diem, when in garrison or cantonment hospital, and annas 3-10, when in hospital in the field, and at field or full batta stations; and these stoppages are to be recovered by paymasters, in the same manner as the stoppages from troops, when victualled in the field, or at field stations. The commissariat officers are accordingly to furnish paymasters with reports of men victualled in hospital, in the same manner, at the same periods, and containing the same particulars, as they furnish of men victualled in the field. Hospital stoppages.

38. The commissariat reports to paymasters to be headed "Hospital Supplies;" the stoppages to be credited in the accounts current of paymasters under the head of "Hospital Stoppages;" and the quantities of the supplies issued to be checked, and audited, by the military board.

39. The hospital stoppages from European women, being the wives or widows of European non-commissioned, rank and file, are to be made at the rate of rupees 3-8-0 per month, the supplies to be reported by commissariat officers to paymasters, and recovered by the latter, under the rules above prescribed regarding the stoppages from soldiers: and the same rate of stoppage is to be made from the women, when victualled by the commissariat on marching with their corps, &c., and brought to account in the usual manner. The wives of soldiers not being European women are not subject to stoppages, no allowance being granted to them.

40. In the field, or at field stations, dry batta is not to be drawn on account of men in hospital.

Correspondence respecting supplies.

41. All correspondence between medical officers of corps or hospitals and the commissariat officers, respecting the supplies made by the commissariat, is prohibited. If the medical officers should consider the supplies in any respect exceptionable, it will be their duty to make their representation to the superintending surgeon, who will then communicate with the commissariat officer, when such steps as may appear proper on the occasion will be taken.

Hospital serjeant.

42. An hospital serjeant, upon the staff pay of ten rupees per mensem, in addition to his military allowances, to be appointed to each European regiment of dragoons and infantry, and brigade or battalion of artillery, and to each principal garrison hospital.

Disposal of the sick of a regiment about to march.

43. Previously to the march of an European regiment from its station, a committee, consisting of the regimental commanding officer, the superintending surgeon of the division, or, in his absence, the senior medical officer on the spot, and the regimental surgeon, shall minutely examine the state of the men in hospital, and determine upon such as may be capable of accompanying the corps on its march without the aid of carriage; for it is to be clearly understood, that no man shall be permitted to proceed in a dooly from any station at which there may be a garrison hospital to receive him; those conveyances being attached to regiments for the sole purpose of providing for contingencies during the march.

44. The charge of the men, who may be judged incapable of moving with the corps, will devolve on the garrison medical officer, whose duty it will be to make a weekly report of their individual state to the superintend-

ing surgeon of the division; and that officer will, from those statements, frame a monthly report for the information of the commanding officer, in order that the necessary steps may be taken for the rejunction of the recovered men with the head quarters of the regiment.

45. In cases which may afford cause to suppose, that the health of European sick, at interior stations of the army, would be improved by removal to the presidency general hospital; and when the distance of such station is not too great to preclude the measure; the circumstance shall be fully reported by the division superintending surgeon to the commanding officer, who will have the removal carried into effect.

Transfer of sick, in certain cases, from interior stations to the sea coast.

46. European soldiers are not to be permitted to travel by themselves on sick certificate from one station to another.

47. Except under particular circumstances, sick certificates to European soldiers are to be limited to the transfer of the individual, from the station where he may then be, to the nearest station on the sea coast.

48. In all possible cases, advantage is to be taken of detachments proceeding on the same route, and the invalid placed under the charge of the officer, or non-commissioned officer, commanding.

49. In the event of no such detachment being likely to move within a reasonable time, or in cases not admitting of delay, one or two trusty native soldiers are to be sent in charge of the invalid to the place of his destination.

50. Whenever, in the opinion of the medical officer, circumstances may require it, a medical attendant is to accompany such invalid.

51. Escorts and medical attendants are to be relieved at every station at which they may arrive.

Depot for convalescents on the Neelgherries.

52. A building having been erected on the Neelgherry Hills for the accommodation of European invalids, of his Majesty's and the Company's service, it shall be appropriated for the benefit of men enervated by a long residence in a hot climate, or debilitated by disease, who, by a change of air, food, and exercise, might, in the opinion of medical officers, be kept from the invalid and pension lists, and be eventually restored to their regiments, as useful and effective soldiers.

53. Should any space in the building remain unoccupied after providing for the cases above noticed, it may be temporarily allotted to pensioned soldiers of good character, who may have followed some trade in their youth, which they are willing to resume on the Neelgherries, for their own advantage and for the convenience of the public.

54. A piece of land with gardening tools will be apportioned to each inmate of the quarter for invalids; and they will be allowed to dispose of the produce of their labours for their individual benefit.

Provision for the case of men left sick at a station where there is no commissariat agent.

55. In the case of European soldiers being from necessity left sick, under the charge of a medical officer, at a station where there is no commissariat agent to victual the men, the surgeon will provide them with diet, clothing, and wine, for which he will submit a contingent bill verified in the usual manner.

Diet at sea.

56. The preceding regulations are to apply to the European troops whether in garrison or in the field, as well as to troops proceeding on foreign service, or from one place to another by sea. The diet of sick in the latter situation will be regulated by the following table.

DIET TABLE FOR EUROPEAN SICK AT SEA.

	BREAKFAST.	DAILY ALLOW- ANCE OF BIS- CUIT.	DINNER.	SUPPER.
Full.	One pint of tea.	Twelve ounces.	Twelve ounces of salt meat: six ounces of rice boiled.	Tea, or good thick congee, one pint.
Half.	One pint of tea.	Twelve ounces.	A pint of broth or portable soup, and eight ounces of fresh or salt meat: six ounces of rice boiled.	The same as in full diet.
Fowl.	One pint of tea, or of thin boiled arrow root.	Eight ounces.	A chicken, or one half of a fowl, made into soup or broth, or boiled with a portion of rice and black pepper in the form of pish pash; or one pint of portable soup, and four ounces of rice.	The same as the breakfast.
Spoon.	One pint of tea, or of thin boiled arrow root.	Left to the discretion of the surgeon.	One pint of thin boiled sago, or arrow-root.	The same as the breakfast.

Explanations.

1st. The proportions of ingredients to a pint of tea are, a quarter of an ounce of tea, and half an ounce of sugar. A like proportion of sugar is to be allowed, when arrow root, or congee, is given for breakfast or supper.

2d. Each pint of broth to be made with three-quarters of an ounce of barley or rice, and a due portion of onions, black pepper, and salt.

3d. In cases where arrow root, or sago, forms the din-

ner, the quantity ordered may be given either at once, or at different times in the course of the day, with a proportion of wine, at the discretion of the surgeon.

4th. The specified quantity of meat is to be understood to refer to its weight in an undressed state, including bones; and the broth, when fresh meat is supplied, is to be made from the quantity laid down in each diet. The quantity of rice refers to its weight before being boiled.

5th. Toast water, barley water, very thin arrow root, or other diluents, will be furnished for common drink, according to the judgment of the surgeon, in cases and forms of disease in which they are considered preferable to rice congee, which is to be kept in readiness at all times for the common use of the patients in general.

Remarks.

1st. The spoon diet, in this table, is considered the most appropriate that can be used, in the acute stages of almost all diseases; and it may be accommodated to particular cases of severe and lingering illness, by substituting rice or sago pudding, or any other extra that can be procured, for dinner, instead of arrow root.

2d. When the surgeon considers it particularly desirable, broth, or soup, will be supplied to a patient on full diet, in the same proportion as on half diet; and, in such cases, the surgeon may substitute an equal quantity of fresh meat, if procurable, for the salt-meat specified in the table.

FORM No. 2.

B.

*Indent on the commissariat for diet required for the
European patients in the for the
day of 183 .*

No. of patients.	Description of diet.
	Spoon.
	Milk.
	Low.
	Fowl.
	Half.
	Full.
Total of patients....	

APPENDIX TO SECTION II.

The preparations of sago and arrow root to be entered in the diet rolls, as,

Sago congee.....	See formula	1
„ jelly.....	„	2
„ with milk.....	„	3
„ with wine... ..	„	4
Arrow root congee....	„	5
„ jelly... ..	„	6
„ with milk..	„	7
„ with wine	„	8

The wine, whether Port or Madeira, will necessarily appear in the columns of expenditure of wine and spirits; but no other ingredient of these compositions is to be detailed in the rolls. Rice congee and barley water are to be entered in “pints.”

Spices will be issued pulverised, in the shape of a compound, under the general name of “spice,” or “spice powder.” The powder to be in tin boxes, containing two, and four, ounces. Spice powder will be issued with the periodical supplies, and be excluded from the diet accounts. (See formula 13.)

Puddings to be entered in the diet rolls, as,

Rice pudding....	Formula	9
Sago.....do.....	„	10
Bread....do.....	„	11
Mixed....do.....	„	12

Formulae for preparations of sago.

No. 1. Sago congee.

Sago....	$\frac{1}{2}$ ounce,
Water.....	1 pint,
Sugar.....	$\frac{1}{2}$ ounce.

No. 2. Sago jelly.

Sago.....2 ounces,
 Water.....1 pint,
 Sugar..... $\frac{1}{2}$ ounce.

No. 3. Sago with milk.

Jelly as No. 2,
 Milk.....1 dram measure.

No. 4. Sago with wine.

Jelly as No. 2,
 Wine.....1 dram measure.

Formulae for preparations of arrow root.

No. 5. Arrow root congee.

Arrow root..... $\frac{1}{2}$ ounce,
 Water.....1 pint,
 Sugar..... $\frac{1}{2}$ ounce.

No. 6. Arrow root jelly.

Arrow root. 1 $\frac{1}{2}$ ounce,
 Water.....1 pint,
 Sugar..... $\frac{1}{2}$ ounce.

No. 7. Arrow root with milk.

Jelly as No. 6,
 Milk.....1 dram measure.

No. 8. Arrow root with wine.

Jelly as No. 6,
 Wine.....1 dram measure.

Spice at the surgeon's discretion in all these.

Formulæ for puddings.

No. 9. Rice pudding.

Rice.....3 ounces,
Milk.....3 dram measures,
Sugar....1 ounce,
Eggs.....No. 2,
Spice powder.

No. 10. Sago pudding.

Sago.....2 ounces,
Milk...3 dram measures,
Sugar.....1 ounce,
Eggs.....No. 2,
Spice powder.

No. 11. Bread pudding.

Bread (or flour) 4 ounces,
Milk....3 dram measures,
Sugar....1 ounce,
Eggs.....No. 2,
Spice powder.

No. 12. Mixed pudding.

Sago.....1 ounce,
Arrow root.....1 ounce,
Rice, ground,....1 ounce,
Milk.....3 dram measures,
Sugar....1 ounce,
Eggs....No. 2,
Spice powder.

N. B.

Both the eggs to be mixed with the pudding.

The usual practice is to smear the surface with one of them, to give it a glossy appearance.

Miscellaneous formulæ.

No. 13. Spice powder.

Ginger in powder... $5\frac{1}{2}$ parts,

Cinnamon in do. ...1 „

Nutmeg in do. ...1 „

Cloves in do. ... $\frac{1}{2}$ „

To be well rubbed together, and packed dry in tin boxes, of 2 and 4 ounces. A pinch, or about ten grains, will be enough for one mess,

No. 14. Rice congee water.

Rice.....1 pound.

Sugar..... $\frac{1}{2}$ „

Water.....8 gallons.

Boil down to $6\frac{1}{2}$ gallons.

If salt be preferred, the sugar to be omitted.

No. 15. Thick rice congee.

Rice bruised.....4 ounces,

Water....1 pint,

Sugar..... $\frac{1}{2}$ ounce.

No. 16. Barley water.

Barley bruised...5 ounces,

Ginger bruised ..2 drachms,

Sugar..... $2\frac{1}{2}$ ounces,

Water.....20 pints.

Limes, the rind of, peeled or grated, 6.

To be boiled down to 16 pints.

The pulp or juice of the limes may be added, at the discretion of the surgeon.

SECTION III.

PARTICULAR REGULATIONS RELATIVE TO THE SICK OF NATIVE TROOPS.

1. The diet of native sick in hospital is provided ^{Diet.} from their own resources, except in particular cases where medical comforts, such as sago, arrow root, wine, or spirits, may be deemed necessary by the medical officer, who will procure these supplies from the commissariat.

2. In the Mysore division the native sick will be sup- ^{Cots and bed-}plied with taped cots and quilts; and, in all other divi- ^{ding.}sions, the undermentioned cots and articles of bedding will be furnished to every regimental native hospital, viz.

- 15 barrack cots,
- 15 palliasses,
- 15 pillows with cases,
- 30 quilts, or cumblies.

The supply of cots and bedding to garrison hospitals, for the use of native sick, will be regulated by the following table :

STATIONS.	NUMBER OF COTS WITH BEDDING.			
	Barrack cots.	Palliasses.	Pillows with cases.	Quilts or cum-blies.
General hospital of Fort St. George..	50	50	50	100
Garrison hospital of Trichinopoly....	10	10	10	20
" Cannanore.....	5	5	5	10
" Bellary.....	10	10	10	20
" Masulipatam....	10	10	10	20
" Vizagapatam....	5	5	5	10
" Vellore.....	5	5	5	10
" Nellore.....	5	5	5	10
Depot hospital of Poonamallee....	5	5	5	10
" Cuddalore.....	5	5	5	10
Cantonment hospital of Secunderabad.	10	10	10	20
" Nagpore and } Kamptee.... }	10	10	10	20
" Jaulnah.....	5	5	5	10
" Wallajahbad....	30	30	30	60
" Arcot.....	5	5	5	10

Medical ser-
vants.

3. The establishment of medical servants, allotted to each native corps, is to be borne on the strength of corps respectively, to be mustered, and to be drawn for in the abstract of the surgeon or assistant surgeon. In addition to the assistant apothecaries and dressers specified in section 1st paragraph 20, this establishment includes two toties for each regiment or battalion, and one toty for the body guard and for each native troop of horse artillery. The pay of a toty is rupees 7 per mensem.

Toties.

Medical aid af-
forded to cer-
tain establish-
ments.

4. The benefit of medical aid is extended to gun, store, and tent, lascars; the corps of guides; dooly corps; attendants on the karkanah establishment; and establishments of the survey department.

5. On all occasions of detachments from native regi- Detachments.
ments, an adequate proportion of the inferior hospital
establishment of dressers and toties, with a due proportion
of European medicines and medical stores, shall be sent
with every detachment according to the nature of the
service.

6. The assistant apothecary and one toty are consi-
dered fully sufficient to afford due assistance to the medi-
cal officer at the head quarters of a native corps, when in
a divided state.

7. An hospital toty shall be allowed for detachments
of native troops, when the detachment is under the
strength of five companies, and employed on permanent
garrison or out-post duty, and when it does not form
part of the details under the medical charge of a garrison
or cantonment surgeon, or garrison assistant surgeon.

8. For detachments of native troops of the strength of
five companies or upwards, and for temporary detach-
ments, the provision for hospital servants, made in the
5th paragraph of this section, is to be considered as fully
adequate.

9. In order to provide for the care of the native sick, Disposal of the
sick of a regi-
ment ordered
into the field,
or about to
march.
who may be left behind their corps, upon its being order-
ed into the field, or to march to a distant station, it is di-
rected that a list of the men, who may be so situated,
shall be sent by the officer commanding the corps to the
commanding officer on the spot, or, if proceeding from a
cantonment where there are no other troops, to the
commanding officer of the nearest station. In either case,
the men, who require medical attendance, are to be plac-
ed in charge of the surgeon, or assistant surgeon, of such
station. The commanding officer is to take the earliest

opportunity of forwarding the recovered men to their corps.

Transfer of
sick.

10. When sepoy proceed on medical certificate, from one station to another, the account of their cases, prescribed by paragraph 33 of section 1st, is to be furnished by the medical officer to the officer granting leave, by whom it will be transmitted to the staff officer of the station to which the sick may be proceeding; who, on their arrival being reported to him, will send them, with the statements of their cases, to the proper medical officer, for admission into the hospital or otherwise, as may be considered necessary.

Recruits.

11. Every recruit is to be minutely examined by an European medical officer, who will furnish a certificate in the subjoined form. This examination is to include the man's age.

12. In examining the recruit he must be made to strip, in order that the full formation of his body and limbs may be observed. He must be well made in proportion to his height, and free from any natural or contracted disorder.

13. The medical officer will, in particular, ascertain that he has no rupture, or scrophulous affection of the glands; that he has the perfect use of his eyes and ears, the free motion of every joint and limb; that he has no sore leg, nor mark of an old ulcer, with adhesion of the skin to the bone; no varicose veins, nor diseased enlargement of bones or joints: he must be neither consumptive, nor, so far as can be ascertained, subject to fits. With any of these defects, the man is to be reported unfit for service.

14. No boy is to be enlisted for the recruit or pension list, unless certified by the medical officer to be free from all physical defects.

15. Every recruit, and boy, is to be vaccinated, if requisite, on enlistment.

Form of surgeon's certificate.

I do hereby certify that I have minutely examined every individual enlisted in the — regiment as entered in the above register; and that all are, in my opinion, perfectly eligible for the service.

Station,

}

A. B.

Date

Surgeon.

16. Previously to any soldier being recommended for discharge on account of "incurable disease," the medical officer is to make a most circumstantial report, according to the subjoined form, to the superintending or staff surgeon of the division or force, upon whose opinion alone the case is to be deemed incurable, and the man proposed for discharge.

Discharge on account of "incurable disease."

FORM.

Return of men regiment proposed to be discharged on account of disease. Dated at this day of

Regimental number.	Rank and name.	Age.	Disease, or medical reasons for discharge; the particulars; and how and where contracted.	Summary and period of previous treatment, with opinion as to benefit to be derived from further treatment.	Decision of the superintending or staff surgeon.

Note. The regimental surgeon is to be very careful and exact in filling up this return, which is to be signed by himself, and countersigned by the commanding officer in approval.

Discharge on account of unfitness for military service.

17. In the instance of a soldier discharged on account of unfitness for military service, the origin and nature of his disability are to be particularly explained : if he has lost an eye, or limb, or has been wounded, or in any manner disabled, it must be stated when, where, and how, such disability took place, and whether it is considered to have been the effect of service. The signature of the medical officer is to be attached to the certificates of all men discharged on account of disease.

SECTION IV.

GARRISON HOSPITALS.

1. The regulations relative to the sick of European and native corps, contained in the 1st, 2d, and 3d sections, are applicable, in their general principles, to sick in garrison hospitals, whether under charge of surgeons or assistant surgeons. Regulations applicable to garrison hospitals.

2. It is to be considered the fixed and regular duty of garrison and depot surgeons to afford medical aid, at their respective stations, to the general, division, and garrison staff, both commissioned and non-commissioned ; to all European details, recruits, drafts, and the Company's European pensioners ; to details of native troops, including invalids ; and to all lascars, the corps of dooly bearers, veterinary pupils, the patients in lock hospitals, and every description of garrison establishment, and followers, entitled to medical attendance. Duty of garrison and depot surgeons.

3. The salaries of garrison and depot surgeons are fixed as follows. Salaries of garrison and depot surgeons.

Fort St. George, Rupees 500 per month.

Bangalore	”	500	} Including a remuneration for the custody, &c., of medical stores, and rupees 15 per month for stationery.
Masulipatam	”	500	
Trichinopoly	”	500	
Bellary	”	500	
Cannanore	”	400	
* Poonamallee	”	400	
* Cuddalore	”	400	

* Depots.

Allowance for
extra duty.

4. Garrison surgeons are never to receive the consolidated medical staff salary for the charge of a corps; but, should a garrison surgeon be placed in charge of an European or native regiment, he would be entitled to draw the established allowance of twenty-five rupees per month for every hundred Europeans, or twelve rupees eight annas per month for every hundred natives, as a remuneration for such extra duty.

Garrison sur-
geons placed in
charge of de-
pots of medical
stores.

5. The garrison surgeons, with the exception of the garrison surgeon of Fort St. George, shall be placed in charge, and regulate the receipts and issues, of the depots of medical stores for the divisions to which they are respectively attached, under the inspection and control of superintending surgeons.

Medical duty of
stations or can-
tonments to
which no me-
dical staff offi-
cer may be at-
tached.

6. At stations or cantonments to which no medical staff officer may be attached, the duty is to be performed by the senior regimental medical officer of the Company's service present, who will receive the regulated allowances for extra duty on that account.

Medical duty
of the southern
court of appeal
and circuit.

7. The medical duties of the southern court of appeal and circuit shall be performed by the garrison surgeon of Trichinopoly, who will also conduct the duties of local superintendent of vaccination.

PARTICULAR REGULATIONS FOR THE GARRISON SURGEON
AND FOR THE GENERAL HOSPITAL OF FORT ST. GEORGE.

Garrison Surgeon.

Garrison sur-
geon.

8. It is the duty of the garrison surgeon of Fort St. George to afford medical aid to the general and garrison staff, both commissioned and non-commissioned; to the establishments of the arsenal, gun carriage manufactory, and of the powder mills; to all European details, recruits, drafts, and the Company's European pensioners; to

details of native troops, including invalids ; and to all lascars, the corps of dooly bearers, and every description of garrison establishment, and followers, entitled to medical attendance.

9. Such of the sick as may require hospital treatment will be transferred to the charge of the surgeon of the general hospital.

10. Military persons on the strength of the garrison, and residing in the fort, who require hospital treatment, will, except in urgent cases, apply for an admission certificate at the garrison dispensary in the fort, to prevent the possibility of their leaving the fort without sufficient cause.

11. In order to insure immediate assistance for sick arriving at the presidency from sea, the quarter master general is to notify to the garrison surgeon the intended time of disembarking the sick ; and the officer or non-commissioned officer in charge must deliver to the garrison surgeon the nominal roll and cases of the men, to be obtained for that purpose from the medical officer or servant in charge. The garrison surgeon, by himself or his establishment, will be prepared on the beach to direct such cases as require immediate hospital treatment to be conveyed to the general hospital, and the others to proceed to Chintadrapettah barracks, or the Mount, or Poonamallee, as the case may be.

12. In all cases, the medical officer, or servant, is to land with the sick, and to deliver them over personally to the garrison surgeon.

General Hospital.

13. A medical officer is appointed to the exclusive charge of the general hospital on a salary of 600 rupees per mensem. General hospital.

14. All military patients transferred by the garrison surgeon are to be received without delay into the general hospital.

15. Seamen of his Majesty's navy and of private ships will be received into the general hospital; but the latter are required to bring a requisition for their admission signed by the master or mate of the vessel, with a reference to a house of agency at Madras, for the discharge of their expenses. The surgeon in charge will furnish to the medical board, in January of each year, a list, according to the prescribed form, of seamen belonging to his Majesty's service who may have been received into the hospital during the preceding year.

16. The regulated allowance, paid for seamen by the naval agents, and owners of ships, is to be brought to the credit of government, in the same manner as the stoppages of the soldiers.

17. The superintending surgeon of the presidency division will visit the general hospital at least once in every week, with a view to prevent persons from being kept there without cause, and transmit to the town major a weekly return of all the patients, specifying the corps to which they belong, the nature of their disease, and the date of their admission into hospital.

18. European sick, not belonging to the public service, whether male or female, who may be destitute, are to be received into the general hospital. They will be clothed and victualled at the expense of government, and are to be designated as paupers in the admission tickets and diet rolls. Native sick also, not belonging to the public service, are immediately received in urgent cases, or in cases of accidents.

19. Persons of the above description, desirous of being

admitted into the general hospital, will apply for that purpose at the hospital, where they will be immediately examined by one of the medical officers attached to it, and admitted if necessary. A certificate, in the subjoined form, will be prepared by the surgeon of the hospital, for the sanction of the superintending surgeon; and his signature is to be considered a sufficient authority for the reception of patients.

Certificate.

I do hereby certify, that the following persons, having applied for assistance at the general hospital, and been carefully examined, are considered fit objects for admission; subject to the further examination and certification of the superintending surgeon.

Date.	Name.	Rank or description.	Disease.	Remarks.

A. B.

Surgeon.

C. D.

Superintending Surgeon.

20. The confirmation, or rejection, of this certificate, should then be received from the superintending surgeon on his first visit to the hospital, and after due examination of the patients set apart for this purpose.

21. An order, signed by the town major, the superintendent of police, or the superintending surgeon, is to be deemed sufficient authority, for the admission of any patient into the general hospital; and no charge is to be made against patients so admitted.

22. Whenever any non-commissioned officer or soldier dies in the general hospital, the surgeon will, as soon as the event shall have been made known to him, report the same officially to the town major.

23. The surgeon in charge of the general hospital will forward to the town major, on the first day of every month, a return of the sick, specifying the corps, name, date of admission, discharge, or death, of every individual.

24. The sick in the hospital, being there furnished with suitable provisions, and provided with every thing necessary for their support, are not to receive their clearance of pay until discharged, unless any particular circumstances should render it necessary for the surgeon to apply for money.

25. The field officer of the day is to visit the general hospital at least once during his tour of duty, for the purpose of enquiring into the condition of the patients, their diet, and attendance of every kind, and to enforce the strictest observance of the hospital regulations; and he will look to the cleanliness of the wards, listen to all complaints, and transmit in the morning to the town major a report, agreeably to the subjoined form, wherein he will not fail to mention any irregularities that may have attracted his notice. It is expected that the surgeon in charge, or one of the assistants, will be ready, if called upon, to accompany the field officer of the day on his visit round the wards, and afford him every information he may require.

FORM.

Morning report of the sick in the general hospital
183 .

CORPS.	No. of patients.	Entered.	Discharged.	Died.	
Total.					

Whether the wards are kept clean, and the patients well clothed, victualled, and attended.

(Signed)

Field officer of the day.

26. When soldiers of the artillery, or of his Majesty's regiments, shall be considered sufficiently recovered to admit of their being discharged from the general hospital, the surgeon will report the circumstance officially to the town major, in order that a non-commissioned officer may be sent to receive charge of them.

27. Men of the Company's service, when discharged from the hospital, will be furnished with a certificate to that effect, and sent to the town major's office.

28. The funeral expenses of European, or East Indian, men or women, not belonging to any corps, to be borne by their relations if they have any; but, should they leave neither friends nor relations, the amount in such a case, to be charged to the government.

29. Every species of gaming is strictly forbidden. Any patient convicted of swearing, disorderly behaviour, insolent and provoking conduct towards the attendants, or of any deviation from the hospital regulations, will be confined to the congee-house, or placed under other restraint, at the discretion of the surgeon.

30. The surgeon in charge is responsible that Divine service is performed at least once a week in the hospital, and duly attended by the convalescent patients, and that the sick are regularly visited by the garrison chaplain.

31. He is also held particularly responsible, that no cattle, or poultry, of any description, be kept within the precincts of the hospital.

32. A wing of the general hospital to be allotted for the treatment of the sick of his Majesty's regiment doing duty in the fort, and to be considered as exclusively under the care of the surgeon of the corps.

SECTION V.

DETAILED REGULATIONS RELATIVE TO THE PROFESSIONAL DUTIES OF EXECUTIVE MEDICAL OFFICERS.

1. Every surgeon or assistant surgeon in medical charge of a military hospital, of whatever description, and in all situations, shall keep the following hospital records.

1ST. NOMINAL REGISTER OF SICK.

This book is to contain a register of all men admitted into hospital, showing the index number of each, his name, rank, regimental number, troop or company, disease, date of admission, date of discharge or death, and page of journal. An alphabetical index is to be prefixed to the register.

2D. MEDICAL JOURNAL.

In this book are to be entered detailed histories of cases of disease, with the treatment employed.

3D. PRESCRIPTION BOOK.

This book is to contain an account of all issues of medicines, whether prescribed for patients in hospital, or for persons in quarters or barracks.

4TH. HISTORICAL REGISTER.

This book is intended for the preservation of a complete and uninterrupted medical history of the corps, or garrison, by the insertion in it of copies of the half yearly returns and reports, and of all remarks on professional sub-

jects, which may be submitted to the medical board, either with the half yearly returns, or at any other periods.

5TH. RETURN BOOK.

In this book are to be entered copies of the monthly returns of sick, and of half yearly returns of medicines. A vaccination and small pox register will be preserved at the end.

6TH. MISCELLANEOUS RETURN BOOK.

In this book are to be entered copies of all minor returns, weekly states, &c. A compartment is to be appropriated to the entry of medical certificates granted by the surgeon.

7TH. CIRCULAR BOOK.

Into this book copies of all circulars, and other instructions, received by the medical officers, are to be entered.

8TH. LETTER BOOK.

In this book are to be entered copies of all official letters despatched.

2. Blank books for these purposes are supplied, at the public expense, from the medical store department; and are invariably to be considered as public property, and to be included in the half yearly returns of medicines, and medical stores.

3. Such of these books as, under the conditions expressed in the last paragraph, may be required, will be supplied to medical officers in charge of his Majesty's regiments.

4. When, from the accumulation of these hospital records, their conveyance with corps becomes inconvenient, they are to be deposited with the superintending surgeon of the division; the circumstance being at the same time reported to the medical board.

5. The following directions relative to the nominal register and medical journals are to be strictly observed. Nominal register and medical journals.

NOMINAL REGISTER.

6. 1st. This book will be kept in the form annexed ; and, being the record from which all returns of sick are framed, it is especially necessary that it should be preserved with great care and accuracy.

2d. To avoid the inconvenience resulting from the use, by different medical officers, of discordant and various terms in the nomenclature of diseases, it is directed that the nosological arrangement, exhibited in the table of diseases annexed to this section, shall be strictly adhered to in ordinary cases ; and, as that table includes almost every disease incident to a soldier, a deviation from it will not be admitted except under the most urgent circumstances, of which a full explanation is to accompany the return in which the deviation appears.

3d. It is hoped, that the medical officers of the army, however strongly they may be attached to particular doctrines or hypotheses in the classification or nomenclature of diseases, will at once see the necessity of conforming to some established standard, and will accordingly be disposed to make some sacrifice for the sake of uniformity. But, although it is deemed necessary to exact conformity to a particular nomenclature in the register and returns, the medical board wish it to be clearly understood, that they will receive with much satisfaction any observations or opinions, with which officers may favour them, relative to varieties or modifications of disease ; and in these the fullest scope may be taken.

4th. In order to secure the designation of diseases with correctness, the names distinguishing them, in all

hospital registers, are to be filled up by the medical officer in charge, and not left to be copied by an amanuensis, or other subordinate, from the docket made out at the time of the patient's admission, in which the disease must often be liable to be incorrectly designated.

MEDICAL JOURNAL.

7. 1st. The primary object requiring the attention of the profession is, that they should not be contented with merely doing their duty towards their patients, in the more important diseases, prevalent in India, particularly fever, hepatitis, and dysentery ; but make it their particular study to exhibit, in their medical journals, such accurate descriptions of the circumstances, under which the remedies for these diseases have been used, as may furnish adequate means for judging in review, how far the treatment has corresponded to the leading phenomena of their different stages.

2d. This will not in general require any very lengthened detail ; but the report of every case, at admission, should, if possible, comprise such a notice of its symptoms, of its prior progress, and of the state of the principal functions, as will serve not only diagnostically to characterize the particular nature of the disease, but to account for the first prescriptions ; and all after changes should be stated as they occur, in such a manner, as will afford the means of fully appreciating the modifications of practice, that are introduced in the course of the disorder.

3d. The state of the alvine and urinary discharges, in particular, should be early adverted to ; and the appearance of the former, especially, described, from time to time, in reference to the indications, it may afford, of the condition of the hepatic and intestinal secretions.

4th. The principal object in view being to ascertain

what measures are most safe and efficacious, in the general run of practice, in the forms of disease above adverted to, with the addition of cholera, it will not be required that other cases, generally, although all must be entered, should be detailed, in the medical journals, at any greater length than may appear useful to regimental, and satisfactory to superintending, surgeons.

PERIODICAL RETURNS AND REPORTS.

8. Medical officers, holding military charges, are required to transmit to the superintending surgeons, of the divisions in which they are stationed, the following periodical returns, reports, and statements of cases, according to the directions given in respect to each of them.

Periodical returns and reports.

1st. A monthly abstract return of sick, with a return, on the third page of the same sheet, of the medical officers and servants attached to the corps, hospital, or department.

2d. A half yearly return of sick, with a report on the prevailing diseases, and the treatment employed.

3d. A half yearly return of expenditure of medicines and medical stores.

4th. Annual returns of vaccination and variola, with returns of men who have not had either small pox or cow pox.

5th. In addition to the above, medical officers in charge of European sick, whether of corps, detachments, garrisons, or institutions, will furnish a monthly return of expenditure of wines and spirits; and medical officers, in charge of his Majesty's regiments, will also transmit monthly reports on the state of the medical supplies with their respective corps; being duplicates of those sent to the commander in chief on that subject.

6th. Garrison and district surgeons, and senior medi-

cal officers of stations, will transmit monthly, to their respective superintending surgeons, a register of commissioned officers under their charge, sick absent from their corps and stations.

7th. Medical officers, under whom assistant surgeons, on their admission into the service, are placed for probation, will furnish a monthly report of their attention to their duties, and of the disposition which they may evince to avail themselves of the opportunity of acquiring professional experience.

9. The prescribed forms of these documents will be found in the appendix to this section : and the following directions are to be strictly observed in the formation of the returns of sick.

INSTRUCTIONS FOR THE FORMATION OF RETURNS OF
SICK.

Returns of sick. 10. 1st. The nomenclature and arrangement of diseases, in the monthly and half yearly returns, will be regulated by the table mentioned in the 6th paragraph of this section ; such diseases only being inserted in each return as may have occurred during the period to which it refers.

2d. Diseases to be entered acute or chronic, according to the forms in which they were received into hospital, and entered in the register at admission.

3d. No case is ever to be transferred, in an after return, to a different column from that in which it was originally included ; but, in the event of a new disease supervening and proving fatal, the circumstance is to be explained in a note at the bottom of the return in which the casualty appears.

4th. Circumstances consequent upon disease are never

to be inserted as titles of the columns in any return ; for example, when a patient is subjected to any surgical operation, the case is still to be included in the column of the disease, or wound, which led to the operation ; and, in cases where patients are received into hospital labouring under debility only, consequent to a disease which has already run its course, the case is to be included under that denomination of disease upon which the debility was consequent.

5th. In cases of sudden death, the subject of which has not come under hospital treatment, the casualty is to be noted in a remark only, and not to be entered in the column of diseases.

6th. The numerical strength given is to include all descriptions of persons whose sick are comprehended in the returns, as the same stood on the last day of each month, whether present at head quarters or on command. The medical returns of all detachments of a corps, in whatever part of a division they are, and whether under charge of a commissioned or non-commissioned medical officer, shall be sent to the medical officer in charge of the head quarters of the corps, to be incorporated in his return ; but this rule is not apply to detachments serving in another division.

7th. It being essentially necessary, that the number of sick men transferred from one hospital to another should be ascertained, a note must be added at the bottom of each return, stating distinctly the number of men, included under the head "admitted," who have been received from other hospitals.

8th. At the end of all returns, the number of convalescents, at the date of the return, who do not appear on the face of it, must be stated.

9th. The medical returns of regiments are to be furnished to the superintending surgeon of that division, in which the corps may happen to be on the last day of the month, or half year, to which the returns refer.

10th. The periods prescribed for the despatch of the returns, by executive medical officers, are as follows: monthly returns on or before the 3d day of each month, and half yearly returns on or before the 15th day of the month, in which they respectively fall due: half yearly indents and returns of medical expenditure on the 15th March, and 15th September, of each year.

Half yearly report on the prevailing diseases.

11. Medical officers of the Company's service shall furnish, along with the half yearly abstract returns of sick, a report exhibiting a general view of the prevalent forms of disease during the period, with observations explanatory of their probable causes, and a description of the treatment employed.

12. The chief object of these reports being to accumulate a mass of practical evidence, calculated to establish what are the agencies, single or combined, that possess the greatest power in combating the principal forms of Indian disease in their early stages; medical officers will minutely describe the plan of cure, that has been followed during the half year, in fever, hepatitis, and dysentery, and bring distinctly to notice all the circumstances, which may be considered to have influenced the result.

13. The following heads of information are to be held in view, in describing the treatment employed in the principal forms of disease, more especially in regard to European sick.

1st. A particular specification of the circumstances, that have determined the prescription and repetition of

venesection in each form of disease, both with reference to the symptoms and state of the patient at the time of ordering this remedy, and to the prior duration of disease in a violent form, or otherwise.

2d. A minute account of the manner in which the venesection has been conducted, in the first endeavour to make an impression on the disease by it ; and particularly whether the patient has been watched after the first bleeding, and the abstraction of blood repeated in dangerous cases after a short interval, when the first flow had failed to produce a manifest change for the better ; or whether the cure has been generally trusted for 12 hours or more to a single venesection.

3d. Whether the abstraction of blood has been directed so as to produce syncope, or an approach to it, or prescribed in a definite quantity, without reference to this object.

4th. The principal internal remedies, that have been depended on, and the circumstances under which they have been prescribed, with a particular notice of any cautions, or contraindications, that have been attended to in their application, and the dose and daily proportion in which they have been exhibited.

5th. The principles, by which the administration of mercurial remedies has been guided, must be particularly explained, more especially in reference to the object of producing ptyalism ; and whether they have been generally left off suddenly when that effect was produced, or the constitutional influence endeavoured to be maintained by their continuance in smaller doses, or a less frequent exhibition ; also whether their continuance, or omission, has been generally influenced merely by the existence, or abatement, of dysenteric discharges, or pain

of the side ; or whether it has been also regulated by a persevering observance of the fecal discharges, with reference to the indications, afforded by them, of a defect or vitiation of the hepatic and intestinal secretions.

6th. Any external means, which have constituted an important part of the treatment, must also be adverted to, and the circumstances that have regulated their prescription distinctly detailed, particularly the application of the cold affusion, or other means of reducing morbid heat, in different states and stages of fever, and the use of the warm bath, or extensive fomentations of the abdomen, in cases of dysentery.

7th. Whenever opium is used in dysentery, or other inflammatory diseases, the circumstances and stages, in which it is prescribed, are to be recorded and reported with peculiar accuracy, in the view of ascertaining whether, and under what cautions, with reference to the stage of illness, or state of the skin and of the alvine discharge, this remedy can safely be admitted to form a part of the treatment.

14. The report of practice will be attached to the half yearly returns ; and a distinct statement of the plan of cure in each of the principal diseases must be given in succession.

15. Whenever a medical officer has once submitted a minute and full description of his mode of practice, it will be sufficient in subsequent reports merely to refer to that document, and notice the alterations, if any, which he may have adopted in the practice of the half year.

16 In all cases, where the charge of any corps or station is transferred, from one medical officer to another, a descriptive statement of the practice employed, during

the expired portion of the half year, is to be furnished, by the officer who relinquishes, to the officer who assumes, the charge; and a copy of this statement must be entered, by the latter, in his half yearly report.

17. In connection with the half yearly reports, and Cases of sick. in illustration of the practice described in them, eight cases for an European regiment, and half that number for a native corps, are to be copied from the medical journals, and transmitted to the medical board along with the half yearly returns. The cases for European charges are generally to be cases of fever, hepatitis, or dysentery.

18. The cases are on all occasions to be transcribed as originally noted, and not interspersed with any comments subsequently made; but it is not intended to prevent medical officers from recording, in their daily reports of cases, such observations as occur to them in the course of treatment. A supplementary notice is to be inserted, when thought necessary, at the end of any case, of the particular considerations, which may have influenced the practice of the surgeon, who directed its treatment. These supplementary remarks must always be entered at the conclusion of the case, to which they respectively relate.

19. Every statement of a case must not only specify, by weight or measure, the doses of all the medicines that are prescribed, during the acute stages of illness, but the number of times that these doses were actually administered; and this rule is intended to apply also to wine and spirits.

20. The cases forwarded must be such as have either recovered, or died, during the half year, or fallen into a chronic state. When cases fall into a chronic state, it is not required that a continuance of their details should be furnished, but merely that occasional notices be given of

their progress, at longer or shorter intervals, as the circumstances of the case may suggest. The cases required are to be detailed clinical reports, transcribed from the hospital books, and comprehending the whole history of the case, from admission into hospital, till recovery, death, transfer, lapse into a chronic state, or discharge as an invalid; and must, therefore, in every instance, include the reports from the time of admission into the hospital, whether that happened during the half year for which they are transmitted, or the preceding half year.

21. Cases transcribed for record should not have the date of admission entered in the heading. The admission is to be noticed as in the margin;* and the date, which is always to be at the commencement of the case, should be that of writing the first report.

22. The cases of each form of disease are to be written out, and folded, separately, so as to admit of an entire separation and classification in the records of the board, and are to be docketed according to the prescribed form.

23. Officers holding military charges, of less extent than a regiment, are required to forward cases, in the proportion of one half yearly, for every hundred Europeans, or two hundred natives, under their charge, and, in every other respect, to adhere to the instructions applicable to the case of an entire regiment.

Notices of interesting facts or cases.

24. The board will always be happy to receive any notices of interesting facts and cases, that medical officers may feel disposed to furnish, in addition to the prescribed details, whether with the view of more fully illustrating

* Hepatitis.

Charles Allen, private, ætat. 38.

— years resident in India.

22d October, 1830. Admitted at A. M. (or P. M., as the case may be,) complaining &c. &c.

their practice in the diseases particularized, or of bringing into view such important facts, as have come within their observation, in other forms of disease.

25. A judicious selection of abstracts of cases, illustrative of the practice generally, will be acceptable to the board, whenever medical officers in any branch of the service may choose to furnish them. Abstracts of cases.

26. The board will at all times be happy to receive such reports, founded on records of practice, as the opportunities of medical officers may enable them to render interesting, whether referring to any short period, or to an extended course of years : but they do not wish to receive any reports except such as either are strictly confined to a detail of facts, or exhibit opinions accompanied by the data on which they are grounded ; mere convictions impressed on the minds of individuals, whether of a theoretical nature, or deduced from a general recollection of unrecorded practice, being considered too liable to error, to conduce to the purposes which the board have in view. Essays or reports on particular subjects.

27. In addition to the professional papers above mentioned, it will be gratifying to the board to receive any communications, with which medical officers may favour them, on subjects connected with general physical science, particularly botany, mineralogy, or other branches of natural history, for eventual publication in some of the scientific periodicals of Britain, in which they would appear with the names of their contributors. Communications on general physical science.

28. The European commissioned officers of the army are not to be included in the regimental or garrison returns of sick, or in the effective strength given in these returns. European commissioned officers.

29. Half yearly abstract returns of sick officers, agreeably to the prescribed form, are to be regularly transmit-

ted to the board, along with the other half yearly papers. Garrison surgeons and senior surgeons of stations will furnish similar returns of the commissioned staff officers under their charge, in addition to the prescribed monthly register of officers sick absent from their stations and corps.

30. To insure the careful preservation of an original register, from which the half yearly returns are to be compiled, there will be issued to each corps, garrison, and station, a blank book to serve as an officers' register and case book.

31. Whenever cases of fever, hepatitis, or dysentery, occur among the European commissioned officers of native corps, they are to be submitted to the board, as half yearly cases, in preference to cases of the same diseases taken from the hospital journal.

Returns of ex-
penditure of
medicines, &c.

32. The half yearly returns of expenditure of medicines, &c., which are to be transcripts of the corresponding half yearly indents, are to be forwarded to the office of the superintending surgeon at the same period with the indents; and the quantities supplied on the indents will be inserted, in the proper column, by the medical, or deputy medical, storekeeper.

Vaccination.

33. Medical officers, in charge of regiments and military details, shall consider it their duty to extend the benefits of vaccination, in every practicable case, to their respective charges, and to the women, children, and followers belonging to the same; and they will be held responsible for the due fulfilment of this important duty.

34. Medical officers, holding military charges, will transmit returns of persons vaccinated by them, through their respective superintending or staff surgeons, annually, according to the prescribed form. An accurate register of

all inoculations is to be kept in every corps, from which the above return is to be compiled.

35. A return of all cases of variola, occurring in a regiment, or amongst its followers, is likewise to be rendered annually, along with the return of vaccination.

36. To the two preceding returns will be added a return of all men who have not had either small pox or cow pox; and regimental medical officers will be held responsible, and are required to report annually, that every man in the regiment, not included in this return, bears unequivocal marks of, or has been satisfactorily proved to have undergone, one or other of these diseases.

37. When there may be no individuals in a regiment to be entered in any particular return, a blank one is nevertheless to be forwarded, the word "none" being entered in that case.

OCCASIONAL REPORTS.

38. Whenever cholera, or any other disease, prevails epidemically, an abstract of the weekly reports of the executive medical officers will be prepared by superintending surgeons, and forwarded to the medical board.

Occasional reports.

39. Medical officers, in charge of corps, or detachments, while marching, will, under ordinary circumstances, transmit to the superintending medical officer of the division, a weekly abstract of diseases: but, in the event of disease breaking out in a severe or epidemic form, a special report respecting it is to be made immediately, and every second or third day afterwards, during its prevalence.

From corps or detachments while marching.

40. Whenever the transmission of reports of the invasion or progress of cholera, or any other epidemic, through the channel of the superintending surgeon, is likely to be attended with considerable delay, executive

medical officers will transmit duplicates of such reports *direct* to the board.

Cholera,

41. With the view of uniting brevity with perspicuity, the following mode of recording cases of cholera is to be generally adopted.

1st. The exact time at which the patient was first seen, with a short notice of the symptoms then present, particularly the state of the pulse, and by whom noted.

2d. The time at which the patient may state his illness to have commenced, and the first sensation of indisposition experienced, whether giddiness, nausea, or general oppression; and whether any remedies were used previously to his admission.

3d. The appearance of the alvine discharge, and by whom observed.

4th. The times at which any changes, favourable, or unfavourable, occurred in the progress of the case.

5th. The exact times at which the different medicines were exhibited, and, if rejected by vomiting, the time at which that happened.

6th. The description of spasms that occur is particularly to be marked in all cases, as well as the nature of the alvine discharge, and state of the pulse and skin, however short the notes of the case may be in other respects.

42. The above notices, to which any others may be added that are thought important, will enable medical officers to fill up a register of the annexed form; and they are particularly requested to do so, on all occasions when circumstances may have admitted of the preservation of an accurate record of the requisite notes.

43. These registers are to be forwarded, at the end of every half year, to the medical board, unless when the

whole number of cases in the practice of a medical officer has not amounted to five.

44. When such limited numbers only have occurred, copies of the original cases are to be transcribed from the hospital books, and forwarded instead of the register.

45. The average doses of the principal remedies, that have been used in invasions of cholera, are always to be specified under the head "miscellaneous observations," in the half yearly registers of cases of this disease; and the deviations from these average doses may generally be noticed in the column of remarks. This is particularly requested to be attended to in reference to the opiate, and especially to the dose of it that is first exhibited.

46. Every person, belonging to the medical branch of the service, is enjoined to make written reports on his arrival in, and departure from, any division, to the superintending surgeon of that division, and also upon his assuming or relinquishing any charge. ^{Reports of movements.}

47. When a medical officer is employed temporarily in a division, other than that to which he permanently belongs, he will furnish, to the superintending surgeon of his own division, copies of all reports of movements, assumptions, and relinquishments of medical charges, which he may have occasion to make to superintending surgeons of other divisions; and it is to be considered as an inviolable rule that every medical officer shall, on his first appointment to a medical charge in any division, report to the superintending surgeon the time at which he may be expected to join.

TRANSFERS OF PUBLIC PROPERTY.

48. Whenever a medical officer relinquishes a charge, he shall deliver an inventory, in duplicate, of the medical stores and hospital books in his custody to his successor, ^{Transfers of public property.}

who shall satisfy himself that the list is correct, and then affix his receipt to the same. The officer relieved will retain the original, and transmit the duplicate to the superintending surgeon of the division, for record in his office.

49. In cases where the medical officer appointed in succession may not be present, and the charge devolves in the interim on a non-commissioned medical servant, the transfer shall take place with a similar formality: and when the relieving officer assumes charge he will make out an inventory in duplicate, one copy with the receipt affixed to be delivered to the medical servant, and the other to be forwarded to the superintending surgeon.

50. When a medical officer may have died at a station where there is no other medical officer, the non-commissioned medical servant, present at the time, shall immediately forward to the superintending surgeon an inventory of the medical stores and hospital books, countersigned by his military or civil superior, and furnish a copy of it when he delivers over charge to the succeeding medical officer.

SURGICAL INSTRUMENTS.

Surgical instruments.

51. Every surgeon and assistant surgeon, of the Company's service, holding a separate charge, whether in the military or civil department, will be supplied, from the public stores, with the surgical instruments comprehended in the following list; and will be held responsible for their proper preservation. These instruments are to be considered as attached to the officer, and not to the charge which he holds; and, consequently, when an officer is removed, he will carry his instruments along with him; a cooly being supplied for their conveyance, by the commissariat, on indent countersigned by the superintending surgeon, in cases in which no other public carriage is supplied to the same officer.

LIST OF SURGICAL INSTRUMENTS.

- 1 Amputating saw,
- 1 Metacarpal saw,
- 24 Curved needles,
- 2 Amputating knives,
- 1 Catlin,
- 2 Tenaculums,
- 1 Bullet forceps,
- 1 Bone forceps,
- 2 Screw tourniquets,
- 2 Field tourniquets,
- 2 Trephines,
- 1 Trephine forceps,
- 1 Elevator,
- 1 Lenticular,
- 1 Brush,
- 1 Key tooth instrument,
- 1 Tooth forceps,
- 1 Tooth lever,
- 6 Scalpels,
- 3 Silver catheters,
- 3 Elastic gum catheters,
- 1 Trocar with spring canula,
- 1 Trocar for hydrocele with do.,
- 1 Probang,
- 1 Long probe,
- 1 Set of Hey's saws,
- 1 Seton needle,
- 1 Bistory for fistula,
- 1 Pocket case of instruments,
Lancets.

52. Every assistant surgeon, not holding a separate charge, will, in the same manner, be supplied with a pocket case of instruments and lancets.

53. When surgical instruments are thus supplied to a medical officer, he will furnish an inventory of them, to which he will attach his receipt, specifying that they are in a perfectly serviceable condition. These inventories will be forwarded to the medical board, to be registered in their office, and will prevent all doubt as to the instruments for the due preservation of which each officer will be held responsible. Whenever any of the instruments may become unserviceable, or may be lost, unless the injury or loss is explained to the satisfaction of the medical board, the case will be brought to the notice of government, in order to the recovery, on the public account, of the value of such instruments.

54. Every medical officer, of the Company's service, proceeding on leave beyond the limits of this presidency, will deliver over his instruments, with a list of them in duplicate, to the medical storekeeper at the presidency, if he takes his final departure from thence; or, if otherwise, to the deputy storekeeper, of the division in which he may be serving. The medical, or deputy medical, storekeeper, having ascertained that the list is correct, will enter in a column of remarks a particular notice of the condition of the instruments, and affix his signature to both copies of the list. The officer delivering over the instruments will retain one copy, and transmit the other to the medical board, or the superintending surgeon of the division, as the case may be.

55. When a medical officer dies, it will be the duty of the superintending surgeon immediately to take measures to secure and deliver to the medical, or deputy medical, storekeeper, the instruments which were in the possession of the deceased officer; and to make, as soon as possible, a special report of their condition to the medical board.

56. All returns and reports are to be on foolscap paper. Reports on professional subjects, and details of cases, shall be written "half margin;" that is, one half of each page, from top to bottom, is to be left blank, for the reception of any comments which the superintending medical officer, or medical board, may find occasion to enter; the writing occupying the outer half of each page. The comments of the superintending medical officer are to be written in ink, and not in pencil, so that they may form a part of the record to be published, should the paper be selected for that purpose.

Foolscap paper to be used for returns and reports.

Professional reports to be written half margin.

57. A strict attention to accuracy, in copying professional papers is enjoined; and superintending medical officers are directed to return every report that may be incorrectly written. If the medical officer should not have an adequate amanuensis, he must copy the paper himself.

Attention to accuracy in copying professional papers enjoined.

58. Letters of advice with routine papers, with cases and certificates of officers, with cases of sick, and generally with all periodical reports, will be dispensed with; and the information of such letters, viz., the dates of their receipt and transmission, and the names of the officers, by whom they are furnished and forwarded, is directed to be entered in the docket of the paper; while any particular professional or other observations respecting them are to be given, either on the documents themselves, under the head of "miscellaneous observations," or on a separate paper, endorsed "miscellaneous observations in reference to return of sick of regiment," or as the case may be.

Letters of advice with routine papers dispensed with.

59. Forms of endorsement are appended, for general information and guidance. The dates of receipt and transmission of all returns, cases, reports, &c., are to be

Forms of endorsement.

invariably noted in the endorsement, by superintending and staff surgeons.

Uniformity in
folding and in-
dorsing papers.

60. Much inconvenience being experienced in the office arrangement of records, when they are not uniformly folded and indorsed, the particular attention of all medical officers is requested to the following simple rules, which are to apply to all papers whatever. The two folds of the paper which come outwards, when the document is folded, are on no account to bear any other writing than the docket or endorsement; and the method of folding is this: the bottom half of the page or sheet is to be folded down on the upper half, and the same process repeated completes the fold. The docket will then be on the back of the 2d fold, from the top of the sheet.

Official papers
how to be ad-
dressed.

61. All official papers in the medical department to be addressed to "The Secretary to the Medical Board, Madras," without naming the officer holding that appointment.

FORM No. 1.

REGISTER OF SICK of

for 183

No. in the index.	NAMES.	RANK.	Regimental number.	Troop or company.	DISEASES.	WHEN				Page of journal.	Case trans- mitted to the medical board.	REMARKS.
						Admitted.	Discharged cured.	Transferred.	Died.			
1												Note. The hospital to which a patient may have been transferred should be specified in this column. The transfer of a patient to the "invalid establishment" is also to be noticed here.
2												
3												
4												

The number in this column to advance
regularly from 1 upwards.

INDEX.

No. in the 1st column of the register.

A.

Aldridge, William	1, 134,560.
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Note. The different numbers show how often a man has been admitted into hospital.

TABLE OF DISEASES
FOR
MEDICAL RETURNS.

Febris Ephemera.	Frysipelas.
„ Intermittens Quotidiana.	Urticaria.
„ „ Tertianæ.	Pemphigus.
„ „ Quartana.	Epistaxis.
„ Remittens.	Hæmoptysis.
„ Continua.	Hæmatemesis.
Phlogosis.	Phthisis Pulmonalis.
	Hæmorrhoids.
	Catarrhus.
	Dysenteria Acuta.
	„ Chronica.
	Apoplexia.
	Paralysis.
	Dyspepsia.
	Hypochondriasis.
	Tetanus.
Phlegmone.	Epilepsia.
	Palpitatio.
Erythema.	Asthma.
	Dyspnoea.
Apostema.	Pertussis.
Gangræna.	Pyrosis.
Sphacelus.	Colica.
	Cholera.
	Diarrhoea.
	Diabetes.
	Hydrophobia.
	Amentia.
	Melancholia.
	Mania.
	Atrophia.
	Tympanites.
	Anasarca.
	Hydrocephalus.
	Hydrothorax.
	Ascites.
	Beriberi.
	Hydrocele.
	Physconia.
Ophthalmia.	
Phrenitis.	
Cynanche.	
Pneumonia.	
Carditis.	
Peritonitis.	
Gastritis.	
Enteritis.	
Hepatitis Acuta.	
„ Chronica.	
Splenitis.	
Nephritis.	
Cystitis.	
Rheumatismus Acutus.	
„ Chronicus.	
Odontalgia.	
Arthritis.	
Variola.	
Varicella.	
Rubeola.	
Scarlatina.	

Vermes Intestinorum.
 Scrophula.
 Hydarthrus.
 Morbus Coxarius.
 Apostema Lumbare.
 Syphilis Primitiva.
 " Consecutiva.
 Cachexia Syphiloidea.
 Scorbutus.
 Elephantiasis.
 Lepra.
 Icterus.
 Caligo.
 Amaurosis.
 Dysopia.
 Dysecœa.
 Nostalgia.
 Dysphagia.
 Contractura.
 Eneuresis.
 Gonorrhœa.
 Hernia Humoralis.
 Strictura Urethræ.
 Sarcocœle.
 Obstipatio.
 Ischuria.
 Dysuria.
 Calculus Vesicæ.
 " Renalis.
 Aneurisma.

Varix.
 Bubo Simplex.
 Scirrhus | Cancer.
 Sarcoma.
 Verucca.
 Lupia.
 Ganglion.
 Exostosis.
 Hernia.
 " Strangulata.
 Prolapsus Ani.
 Fistula in Ano.
 " in Perinæo.
 Luxatio.
 Subluxatio.
 Vulnus Sclopitorum.
 " Incisum.
 Contusio.
 Punitio.
 Ambustio.
 Ulcus.
 " Grave.
 Necrosis.
 Fractura.
 Polypus Nasi.
 Herpes.
 Tinea.
 Psora.
 Dracunculus.
 Cephalalgia.

FORM No. 2.

183 .

*January.**Regiment.*

MONTHLY RETURN OF SICK.

DISEASES.	Remained last return.	Entered during January.	Total.	DISCHARGED.				Died.	Remaining.	Numerical Strength.	REMARKS.
				Cured.	By transfer.	As invalids.	Total.				
The names of diseases are to be entered in the prescribed order.											
Total.											

Of the above admissions received }
by transfer..... }

Convalescents of the corps not }
included in this return..... }

Note. This form of return is applicable to all corps and detachments, whether European or native. It will occupy the first page of the sheet; and, in the case of battalions or detachments of European foot artillery, a similar return of sick of the natives attached will be given on the second page.

Detachments of the corps incorporated in this return.

Detachment at	, strength
Do. at	do.

Note. This notice is generally to be entered on the 2d page; but, in the case of battalions or detachments of European foot artillery, where the second page is occupied by the return of native sick, it will be given at the head of the third page.

Return of medical officers and servants.

NAMES.	Rank.	Date of rank in the army.	Date of rank in the regt.	REMARKS.

Station, }
Date. }

A. B.
Surgeon.

C. D.

Surg. Surgeon.

Note: This return is to be given on the third page.

PROFESSIONAL DUTIES OF

FORM No. 3.

183 .

January.

Garrison of

MONTHLY RETURN OF SICK.

DISEASES.	Remained last return. Entered during January.	DISCHARGED.				Died.	Remaining.	NUMERICAL STRENGTH.		REMARKS.
		Total.	Cured.	By transfer.	As invalids.	Total.				
The names of diseases are to be entered in the prescribed order.								Attached to the garrison.	Belonging to absent corps.	
Total..										

Of the above admissions received }
by transfer..... }A. B.
Surgeon.Station, }
Date. }C. D.
Supp. Surgeon.

Note. This form of return is intended for garrisons. The return of European sick is to occupy the first page, and that of native sick the second page, of the sheet.

PROFESSIONAL DUTIES OF

Stations occupied during the half year.

from	to
from	to
from	to

Medical officers in charge during the half year.

Surgeon A. B.	from	to
Assistant Surgeon C. D.	from	to

Detachments of the corps incorporated in this return.

Detachment at	, strength
Do. at	do.

Station, {	A. B.
Date. }	Surgeon.

C. D.

Supg. Surgeon.

Note. These notices are to be entered on the third page of the sheet.

FORM No. 5.

1833-34.

1st. *Half year, or months of May, June, July, August, September, and October. Indent for European medicines, instruments, and utensils, for the use of*

MEDICINES.	Remained on the 15th September, 1832.		Received on half-yearly indent dated 15th September, 1832.		Received on extra indent dated		TOTAL.		Expended since 15th September, 1832.		Remaining in store 15th March, 1833.		Required for the ensuing half year.		Actually supplied.	
	lb	oz	lb.	oz	lb	oz	lb	oz	lb	oz	lb	oz	lb	oz	lb	oz
The names of medicines to be entered in alphabetical order; and the nomenclature of the London College to be observed.																

Note. The half yearly return of expenditure of medicines to be the same as this indent with the exception of the heading, which will be as follows :

Half yearly return of expenditure, &c., of medicines, from
to 183 , in

Annual return of variola in

		Number.	Of these were previously vaccinated.	Proofs of previous vaccination.	RESULT.		
					Severe.	Mild.	Fatal.
Men	{ Of the regiment. Of the followers.						
Women	{ Of the soldiers or sepoys.... Of the followers.						
Children	{ Of the soldiers or sepoys.... Of the followers.						

*Annual return of men of who have not been
vaccinated or had small pox.*

Rank.	Number.	Remarks.

Every man in the regiment, not included in the above return, bears unequivocal marks of, or has been satisfactorily proved to have undergone, one or other of these diseases.

Station, }
Date. }

A. B.
Surgeon.

C. D.
Supg. Surgeon.

Note. These three annual returns are to be given on the consecutive pages of the same sheet.

PROFESSIONAL DUTIES OF

FORM No. 10.

Register of officers sick absent from their corps and stations at *for the month of*

NAMES.	Rank.	Corps.	RECEIVED.		Diseases.	DISCHARGED.				REMAINING.		REMARKS.	
			From.	When.		When.	Cured.	By transfer to another surgeon.*	To Europe.	Died.	Relieved.		No better.
													* Here enter the station to which an officer is transferred.

Station, }
Date. }A. B.
Surgeon.C. D.
Supg. Surgeon.

FORM No. 11.

*Reports of assistant surgeons doing duty at the
for the month of 183 .*

hospital of

NAMES.	Date of joining the hospital.	How many days visited the hospital during the month.		How many days did not visit the hospital during the month.		Number of the cases recorded by the young medical officers.		REMARKS.
		Morning visits.	Evening visits.	Morning visits.	Evening visits.	Notes of cases treated by the senior surgeon.	Notes of cases treated by the young medical officers.	

Station, }
Date. }

A. B.
Surgeon.

C. D.
Surgeon.

FORM No. 12.

183 .

Regiment.

FIRST HALF YEARLY RETURN OF SICK OFFICERS.

DISEASES.	Remained last return.	REPORTED SICK.						Total treated.	Cured.	Transferred.	Died.	Remaining.	REMARKS.
		January.	February.	March.	April.	May.	June.						
OF FIELD OFFICERS.													When a sick officer is transferred, his name, and the place to which he is sent, should be noticed in this column.
OF CAPTAINS.													
OF SUBALTERNS.													
Total.													
Numerical strength.	Field officers.												A. B. Surgeon.
	Captains.....												
	Subalterns...												

Station. }
Date, }

C. D.

Supg. Surgeon.

Note. The numerical strength is to include only the number of officers present with the corps at the end of each month.

FORM No. 13.

CHOLERA.

REGISTER OF CASES treated in the hospital of

by Surgeon

from

to

NAME AND AGE.	GENERAL STATEMENT OF EVENTS.			PROGRESS AND CHARACTER OF THE DISEASE.		ABSTRACT OF THE MEDICAL TREATMENT.										REMARKS.	
	DATE OF	HOUR OF				OPIATE.		VENERECTION.	PRINCIPAL REMEDIES EXHIBITED FROM THE COMMENCEMENT OF TREATMENT TO THE TIME OF FAVOURABLE CRISIS OR OF DEATH.				RETAINED ON THE STOMACH OF THE PRECEDING REMEDIES.				
Month.																	
Admission.																	
Favourable crisis.																	
Discharge.																	
Recovery.																	
Commencement of treatment.																	
Favourable crisis.																	
Patient's death.																	
Interval from the commencement of treatment to the time of favourable crisis or death.																	
Duration of the disease prior to the commencement of treatment.																	
State of the pulse at the time of admission.																	
State of the skin at the time of admission.																	
Appearance of the first alvine discharge after admission.																	
Spasms, if present, of what description.																	
When first given.																	
When first retained.																	
gr.																	
Tinct. Opil.																	
Opium.																	
When first performed.																	
No. of ounces first drawn.																	
How often performed.																	
Total No. of ounces drawn.																	
Tinct. opil min.																	
Opium gr.																	
Calomel gr.																	
Ol. ricini oz.																	
Opium injections No.																	
Tinct. Opil. min.																	
Opium gr.																	
Calomel gr.																	
Ol. ricini oz.																	

 Station. }
 Date. }

Note.—Paper of the size called royal to be used for this register.

When cases of cholera have been so numerous, that there may not be room for their insertion in one sheet, a slip of paper is to be pasted on this part of it, and the columnar lines prolonged.

MISCELLANEOUS OBSERVATIONS IN REFERENCE TO THE
PRECEDING REGISTER.

FORM No. 14.

*Regiment.**Weekly report of sick in hospital from
to*

183 :

DISEASES.	Remained.	Admitted.	Total.	Discharged cured.	Transferred.	Died.	Remaining.	Of the remaining are		REMARKS.
								Relieved.	No better.	
										Numerical strength.
Total..										

Camp at

A. B.

Surgeon.

FORM No. 15.

FORMS OF ENDORSEMENT.

No. 1. 183 . January. Regiment. Monthly Return of Sick. A. B. Surgeon.	No. 3. 1833-34. Regiment. Half Yearly Return of Expenditure, &c. of Medicines from to A. B. Surgeon.
Presidency Division. Received 3d February, Forwarded C. D. Supg. Surgeon.	Presidency Division. Received Forwarded C. D. Supg. Surgeon.
No. 2. 183 . Regiment. First Half Yearly Return of Sick. A. B. Surgeon.	No. 4. 183 . January. Regiment. Case and Certificate of Lieut. — A. B. Surgeon.
Presidency Division. Received 15th July, Forwarded C. D. Supg. Surgeon.	Presidency Division. Received 20th January, Forwarded C. D. Supg. Surgeon.

SECTION VI.

REGULATIONS RELATIVE TO SUBORDINATE MEDICAL SERVANTS.

1. All warrant and non-commissioned medical servants of European descent are to be distinguished by the four undermentioned designations : Designations
of medical ser-
vants.

Apothecary,
Second apothecary,
Assistant apothecary,
Medical apprentice.

2. Native non-commissioned medical servants are to be designated as follows :

Native first dressers,
Native second dressers,
Native medical pupils.

3. The pay and allowances of warrant and non-commissioned medical servants are fixed as follows. Pay and allow-
ances of medi-
cal servants.

SUBORDINATE MEDICAL SERVANTS.

RANK.	IN GARRISON.				IN THE FIELD.				REMARKS.
	Pay.	Half batta.	House rent.	Total.	Pay.	Full batta.	Tent allowance.	Total.	
	R. A.	A				A			A. For 30 days.
Apothecary.....	50	0	30	8	97	0	0	138	0
Second apothecary.....	35	0	20	8	65	0	0	75	0
Senior assistant apothecary	35	0	10	8	42	0	0	45	0
Junior assistant apothecary	35	0	0	0	35	0	0	42	0
Senior medical apprentice	25	0	0	0	35	0	0	27	5 $\frac{3}{4}$
Junior medical apprentice	17	8	0	0	25	0	0	19	13 $\frac{3}{4}$
Native first dresser.....	35	0	0	0	17	8	0	42	0
Native second dresser....	24	8	0	0	35	0	0	29	2
	B	0	0	0	24	8	0	29	2
Native medical pupil....	7	0	0	0	7	0	0	9	5 $\frac{0}{6}$
									B. After two years service, pay is 10 Rupees.

4. The pay, house rent, and tent allowance, of the warrant and non-commissioned medical servants, to be the same for any month. Apothecaries, who are placed under superintending surgeons, for the purpose of taking charge of detachments on the march from one station to another, are to be allowed tent allowance, instead of house rent, to enable them to meet the extra expense to which they will be liable from their frequent movements. Camp equipage will be supplied from the public stores to assistant apothecaries when ordered to proceed with troops on duty. Camp equipage.

5. The especial duty of the second apothecary will be the charge of the regimental dispensary, the making up of prescriptions, and keeping accounts of expenditure of medical stores. Duty of the second apothecary.

6. The employment by medical officers of the subordinate medical servants under them as domestics or menials, or in other private capacities, is most positively forbidden. Medical servants not to be employed as domestics or menials, or in other private capacities.

MEDICAL APPRENTICES.

7. The following rules are to be observed in the formation and conduct of the establishment of medical apprentices. Medical apprentices.

8. The boys are to be selected exclusively by the medical board not under the age of fifteen years.

9. They shall be attached to the presidency, and other garrison, and European regimental, hospitals, for their education.

10. The practice of detaching medical apprentices in charge of details of troops is strictly prohibited.

11. The medical board will prescribe the course of

education to be pursued by them, at the different hospitals to which they may be attached.

12. The apprentices are formed into two classes, junior and senior, entering in the junior class, and being promoted to the senior class, on the recommendation of the medical board, when they have distinguished themselves by superior assiduity and good conduct.

13. The apprentices, when reported to be properly qualified, will be eligible for promotion to the grade of assistant apothecary, as vacancies occur in the establishment.

Assistant apothecaries formed into two classes.

14. Assistant apothecaries shall be formed into two classes, to be denominated junior and senior : the junior assistant apothecaries will not be eligible to promotion to the senior rank until they shall have completed three years' service.

Assistant apothecaries when removed from native to European corps.

15. Assistant apothecaries shall be removed, according to seniority and fitness, from native to European corps, whence they will be eligible for promotion as best qualified.

Dress of medical apprentices.

16. The boys belonging to the establishment are to be dressed as under, but no expense above the stipulated monthly allowance is to be incurred on this account :

Plain blue round jacket, stand up collar, white metal buttons.

Foraging cap, plain blue.

Their salary by whom to be drawn.

17. The salary of the apprentices, while under tuition, will be drawn by the surgeon in charge.

NATIVE MEDICAL PUPILS.

Native medical pupils.

18. The following rules shall be observed in the formation and conduct of the native medical establishment.

19. The establishment shall consist of fifty native youths, who are to be denominated " Native Medical

Pupils." The pupils are to be entertained on the selection, and recommendation, of the medical board. They are to be of various castes, and not to be under 15 years, nor above 20 years of age, and capable of reading and writing English, and one of the native languages.

20. The pay of a native medical pupil is fixed at 7 rupees per mensem, for the first two years of his service, and at 10 rupees per mensem after that period, with batta of 1 anna and 3 pice per diem when in the field. When the native medical pupils are reported qualified for promotion, and are desirous of continuing in the service, they are to be promoted to the grade of second native dresser, as vacancies occur, and appointed to regiments of European or native infantry, and to garrison, or other hospitals, whether in the civil or military department. Native second dressers shall be eligible for promotion to the grade of native first dressers; but it is to be understood, that they are to be employed in the latter grade in the civil department only, and not to be eligible for promotion to first dresser in the military department.

21. The entertainment of the native medical pupils; their allotment to hospitals; their prescribed course of education; and their subsequent promotion and appointment; will be conducted on the principles, which regulate the establishment of medical apprentices, and apothecaries, of European descent.

22. The non-commissioned medical servants of all civil hospitals are intended to be furnished, as soon as practicable, from the public establishments of native dressers; and it is to be considered as a general rule, that they shall pass at least 10 years in the grade of second dresser, 5 of which in a military hospital, before they can be promoted to first dresser, in a civil hospital.

23. Native medical pupils shall bind themselves to serve for five years ; but they are to be subject at any time to dismissal, on account of bad conduct, or unfitness in any way for the public service. At the end of five years, medical pupils may obtain their discharge, for the purpose of following up their profession as native doctors ; but, if once promoted to the situation of native dresser, they are to be considered as having enlisted for fifteen years from the date of their entrance in the service.

Second native dressers when entitled to their discharge.

24. Second native dressers who have been fifteen years in the service will be entitled to their discharge, for the purpose of following up their profession as native doctors, provided their corps are not at the time on field service, or preparing for it. In cases of particular merit, certified by the medical board, a monthly pension of eight rupees will be allowed by government to native dressers, obtaining their discharge after 15 years service, as abovementioned.

Native dressers of both grades entitled to discharge and pension after twenty years' service.

25. Native dressers of both grades shall be entitled, under the restriction abovementioned, as to their corps being on service or preparing for it, to their discharge after twenty years' actual service, receiving a pension equal to one half of the net pay of their rank, with the view of their practising as native doctors ; but, unless a discharge is wished for on this ground, substantiated to the satisfaction of the medical board, they will be subjected to the same rules with respect to pensions as native troops. The time of service is to be computed from the date of their entrance in the service.

Importance of fixing second dressers permanently with corps.

26. The importance of fixing permanently with corps second dressers who know the families of the native officers and men, and in whom they have confidence, renders it essential that no removal shall ever be recommended unless on most urgent and peculiar reasons.

SECTION VII.

GENERAL DUTIES OF SUPERINTENDING AND STAFF SURGEONS.

1. To assist the medical board in the performance of their important duties, superintending surgeons, to be selected from the seniors of the establishment when properly qualified, shall be appointed to exercise medical superintendence and control, under the directions of the medical board and commander in chief, in the several principal military divisions of the army. Supp. surgeons to be selected from the seniors of the establishment.

2. Superintending surgeons, being attached generally to the divisions in which they are doing duty, will be relieved from the immediate charge of hospitals; and will reside at the principal stations within their respective divisions, without reference to the place of residence of the officer commanding. Place of residence.

3. The station, at which the depot of medical stores is established, is to be considered as the principal; but, in divisions where there is no such depot, the residence of the superintending surgeons will be determined by government, on representation from the medical board, under the sanction and recommendation of the commander in chief.

4. It will be the especial duty of superintending surgeons of divisions, by a frequent personal inspection of all regimental or other hospitals within the limits of their range, to ensure the most unqualified attention to their Duty of supp. surgeons.

professional duties on the part of the subordinate surgeons and assistants ; to inspect with particular attention the journals of their medical practice ; to correct the errors of inexperience, or deficient medical knowledge, by instruction to those who require it ; and, in general, minutely and scrupulously to enforce the most strict and undeviating execution and observance, by all concerned, of the established rules and regulations of the department.

5. The responsibility thus vested in them will be best appreciated by contemplating the extensive benefits that will result to the public service, and to the interests of humanity, from a strict, constant, and minute, exercise of their superintending control and authority. These duties requiring much writing and a great expenditure of stationery, each superintending and staff surgeon is allowed one writer* at 45 rupees per mensem, and 20 rupees per month for stationery, in all situations. These sums are to be drawn for in the superintending or staff surgeon's abstract ; and the writer is not to be removable at the superintending or staff surgeon's option, but to be considered as a public servant, attached to the office.

Allowance for
a writer and
stationery.

6. Superintending surgeons will transmit monthly, to the medical board, copies of all orders, comments, instructions, approbation, or censure, which they have thought proper to convey to the subordinate medical officers in the course of the preceding month ; and they will notify any failure, which may occur, in the transmission of the prescribed returns, cases, &c., required from medical officers, in order that such notice may be taken of the neglect or inattention, on the part of medical officers, as the case may require.

* The consolidated salary of a superintending surgeon, viz. 1575 rupees per mensem, includes 35 rupees for another writer.

7. In order that the army may derive every advantage from the long experience of superintending surgeons, and with the view of ensuring all the benefits which must arise from an active and vigilant system of medical control, it is strictly enjoined, that they shall visit all the hospitals at their head quarters once weekly, or as much more frequently as they shall deem necessary; and that the days on which the respective hospitals were visited shall be noted at the bottom of their monthly returns.

Inspection of
hospitals.

8. In addition to the frequent visits of hospitals in their vicinity, superintending surgeons will perform an annual tour of medical inspection of all the hospitals, under charge of commissioned medical officers, in their respective divisions; and will forward to the medical board a report on each hospital, comprehending the requisite information on each of the heads noticed in the annexed form. The visits to the several hospitals, during such tours, will be distinctly noted at the bottom of the monthly returns.

9. Superintending medical officers will inspect and control the depots of medical stores in their respective divisions; and no medical indent will be complied with unless it bears the countersignature of the superintending authority. They are required to exercise the utmost vigilance in controlling the expenditure of medical stores, and hospital supplies; sanctioning indents for such articles only, as, in each case, they may consider to be necessary, and limiting the quantities of these articles, according to their experience and judgment of the wants of the respective hospitals.

Inspection and
control of de-
pots of medical
stores.

10. The several columns, of the established form of indent, are calculated at once to exhibit all the information required, in checking the prospective demands: and

Check of in-
dents.

superintending surgeons will have the further aid of their personal observation of the general course of practice, and prevalence of disease, in the hospitals under their superintendence.

Examination
of the expen-
diture of medi-
cal stores in
hospitals.

11. Whenever the expenditure of any article appears unusually or unreasonably great, superintending surgeons are enjoined to compare the recorded prescriptions with the actual expenditure. It will also be the duty of superintending medical officers to compare, at stated periods, the recorded and actual expenditure, in such a manner as to ascertain generally, that the public stores have not been misapplied.

Opinions or
observations to
be stated in
forwarding
communicati-
ons.

12. Superintending and staff surgeons are particularly enjoined not to forward any communications, from subordinate medical officers, without stating their opinion or observations on the same.

Each letter to
be confined to
one subject.

13. Each letter addressed to the medical board, by superintending and staff surgeons, must be confined to one subject.

Periodical re-
turns and re-
ports.

14. Superintending medical officers will furnish to the medical board the following periodical division returns, prepared, in the prescribed forms, from the individual returns furnished by executive medical officers :

I. MONTHLY RETURNS.

1st. A general abstract return of sick of the military department.

2d. A general abstract return of sick of the civil department, including lock hospitals.

3d. A general return of vaccination.

4th. A nominal return of medical officers and servants.

5th. Report of movements, &c., of medical officers, in which will be entered the dates of the arrival in, and departure from, their respective divisions, of every person

belonging to the medical branch of the service ; and also of all assumptions and relinquishments of medical charges.

II. HALF YEARLY RETURNS.

1st. A general abstract return of sick in the military department.

2d. A general abstract return of sick in the civil department, including lock hospitals.

3d. A general return of vaccination.

15. The monthly reports of movements, &c., are to be despatched to the office of the medical board, on or before the 6th day of each month ; and the monthly and half yearly general abstracts of sick and of vaccination, as soon after their preparation as possible.

16. Superintending and staff surgeons are prohibited from making any additions to the catalogue of diseases, furnished to them for their returns, except such as may be required for the titles of diseases from which casualties have occurred, during the period embraced by the return, or where an epidemic has prevailed.

17. All diseases not specified in the catalogue, with the above exceptions, are to be grouped together under the heading "other diseases."

18. When a patient dies from any other disease than that under which he is included in the return, this circumstance is to be mentioned in a note, in the division, as well as in the regimental, returns ; but an occurrence of this nature is not to prevent the disease, under which the patient was included, from being grouped under the head of "other diseases."

19. A note is to be added to every abstract return of a division, or district, stating the number of transferred cases, that are included under the heads admitted and discharged, in the following form.

“ The above returns include :

Admitted by transfer.....	{ Europeans
	{ Natives

Discharged by transfer.....	{ Europeans
	{ Natives”

20. Superintending and staff surgeons are required to enter the numerical strength in their returns, as it stood on the last day of the month, or half year, to which the returns refer, and not to give aggregates or averages.

21. The monthly returns from executive medical officers shall be retained in the offices of superintending surgeons, till the half yearly returns have been compared with them ; and, under this arrangement, superintending medical officers will be held responsible for the accuracy, not only of their own half yearly returns, but of the individual returns from which these are framed.

22. Whenever a corps moves out of a division, the superintending surgeon will transfer its monthly returns, for the current half year, to the superintending surgeon of the division to which it is proceeding.

23. Superintending and staff surgeons, in forwarding periodical returns and reports, are required to transmit the whole of the papers of each class, whether monthly, half yearly, or yearly, in a packet, separate from any others, so that the whole documents of a particular description may come before the board at once, for the respective divisions, and not partially or promiscuously.

24. A review, by superintending medical officers, of the medical practice in their divisions, seems likely to contribute greatly to the value of the reports required from medical officers ; and they are, therefore, requested carefully to inspect these reports before they pass them

on to the board, and to state their sentiments in forwarding them, more particularly on such points as have come within their personal observation.

25. Superintending medical officers are to write their comments in ink, and not in pencil, so that they may form a part of the record to be published, should the paper be selected for that purpose.

26. It is to be understood, in reference to the comments made by the medical board on the practice of executive officers, and which may be transmitted to superintending and staff surgeons for the information of the parties, or as suggestions for the improvement of their practice, that it is not intended to receive, or enter on the records, any observations, or additional notices, which may state the non-concurrence of subordinate officers in the board's opinions, unless in particular instances where the medical officers, who conducted the treatment, may have new facts elucidatory of their practice, or other explanatory matter of practical importance, to bring forward; and all such explanations must invariably be accompanied with a particular statement of the sentiments of the superintending or staff surgeon forwarding them.

27. The returns of lock hospitals are to be entered, under a separate heading, in the superintending surgeon's general abstract of the civil department, in the same manner as other abstracts of sick.

28. Superintending and staff surgeons are required to return, for correction, all returns and reports, of every description, furnished by executive medical officers, when not made out in strict conformity with the regulations; and are prohibited from forwarding any unless correct in every particular.

Vaccination.

29. Superintending and staff surgeons will be careful in ascertaining that the instructions respecting vaccination are punctually obeyed, and in reporting to the medical board any instance of neglect or remissness ; and they will make it a subject of special notice in their annual inspection reports of military hospitals.

Instruction of native medical pupils.

30. Particular importance being attached to the education of the native medical pupils, it is required that the best attention of superintending surgeons be directed to that object ; and they are desired to report from time to time, on their progress, &c.

Half yearly reports on the health of prisoners.

31. Along with the prescribed half yearly reports on the health of prisoners from executive medical officers, superintending surgeons will transmit a general report, referring to all the jails in their respective divisions, and including their opinion as to the causes of any extraordinary sickness, or mortality, among the prisoners, with such suggestions as they may think necessary.

Office records.

32. Every superintending or staff surgeon of a division or force, in all situations, shall keep the following records :

1st. REGISTER OF LETTERS RECEIVED.

In this book, which is to be kept according to the annexed form, will be registered all letters received ; the entry specifying, in distinct columns, the number and date of each letter, the date of its receipt, the officer or person from whom received, its substance, and the manner in which it has been disposed of. An alphabetical index will be given at the end of the book.

2d. LETTER BOOK.

This book is to contain the entry of all official letters despatched from the office ; and, at the end, an alphabetical index is to be given.

3d. CIRCULAR BOOK.

This book is to be appropriated for the insertion of all circular instructions, received from the medical board or from any public office, which are not of merely temporary application; and is to have an index, at the end, containing the number, date, and purport, of each communication.

4th. RETURN BOOK.

In this book will be regularly entered copies of all periodical returns furnished to the medical board, as enumerated in the 14th paragraph of this section.

5th. INSPECTION REPORT BOOK.

This book is to be kept solely for the insertion of copies of the annual inspection reports of hospitals.

33. The copy of "General Orders" furnished to the office is to be regularly filed in the first instance; and, at the end of the year, bound into a volume, with an index referring to all orders affecting the medical department.

34. The letters received will be carefully preserved; and, exclusive of circular instructions for which a separate book is appropriated, will be arranged into four distinct packets, namely; 1st, letters from the military staff of the division; 2d, letters from the commissariat department; 3d, letters from the medical board; and 4th, letters from the medical officers in the division.

35. While serving with troops in camp, a superintendent or staff surgeon will keep a "Notification Book," as the most eligible mode of expeditiously recording, and communicating to the parties concerned, all such orders and instructions as he may deem it necessary to issue, from time to time, for the management of the medical department in camp.

Stationery.

36. Superintending and staff surgeons will be supplied, upon payment, with stationery from the public stores, for their official use, on indents passed by the medical board; the annual supply not exceeding the undermentioned quantities.

Royal paper.....	Quires	10
Medium.....	„	10
Demy.....	„	10
Foolscap.....	„	20
Letter paper.....	„	20
Quills.....	No.	150
Ink powder, black.....	Papers	10
„ „ red.....	„	2
Wafers.....	Boxes	2
Rubber.....	Piece	1
Penknives.....	No.	2
Pencils.....	„	6
Folder.....	„	1

Transfers of office records.

37. The instructions contained in section 5, paragraphs 48 to 50, respecting transfers of public property, are applicable to transfers of the records of the offices of superintending and staff surgeons; the officer relieved, in this instance, transmitting a duplicate of the inventory to the medical board.

FORM No. 1.

FORM OF INSPECTION REPORT. (*Para. 8.*)

Form of inspection report.

Division.

Station.

Department.

Date.

MEDICAL INSPECTION REPORT.

(Here enter the hospital to which the report refers.)

GENERAL OBSERVATIONS.

(Here describe the site, and construction, of the hospital ; its accommodation and offices ; its distance from the town ; appearance of the ground ; the situation of the guard room, &c., unless included in some former inspection report. The present state of repair of the hospital, and any particular defects, which, though previously noticed, may still remain to be remedied, are to be carefully mentioned.)

PARTICULAR OBSERVATIONS.

(Here enter the manner in which the sick are visited ; the state of cleanliness of the hospital ; the state of the hospital bedding and clothing ; how the patients are ranged in hospital, whether their names and diseases are docketed, and how ; and whether there be any complaints from the patients. Convalescents how treated, and their average number. In European hospitals, the quality of the articles of diet, as well as of the wines and spirits, to be carefully examined and reported. The diet and treatment of prisoners in civil hospitals and jails to be stated.)

MEDICINES, INSTRUMENTS, &c.

(Here state the manner in which the medicines are secured and how served out to the patients ; whether the

recorded expenditure corresponds with the actual consumption, and whether the instruments are in good order, and the medicine chests serviceable; whether the supply furnished from the public stores is acknowledged by the medical officer to have been in sufficient quantity, and of good quality, any exceptions thereto being particularly noticed.)

HOSPITAL ASSISTANTS AND SERVANTS.

(Here state whether the establishment is complete; the conduct and capability of the apothecaries and dressers; and whether they are healthy subjects, and effective for active service.)

ESTABLISHMENT FOR VACCINE INOCULATION.

(Here state the number of vaccinators, how distributed for duty, and whether intelligent and capable; the state of the vaccine virus found on inspection.)

HOSPITAL BOOKS AND RECORDS.

(Here state particularly and fully the condition of the hospital records, and the manner in which the prescribed hospital books are kept.)

PROFESSIONAL CONDUCT OF THE MEDICAL OFFICER.

(In addition to what superintending medical officers may themselves have to record under this head, they will ascertain, by personal inquiry, and enter, the opinion that may be entertained of the general conduct, and attention to duty, of medical officers, by their immediate superiors, civil and military, and whether any, and, if so, what parts, of the management and discipline of the hospital, are considered by them to be at all objectionable.)

FORM No. 2.

183 .

*January.**Division.**Military Department.**General abstract return of European and native sick.*

		DISEASES.																							Total.
GENERAL ABSTRACT OF EUROPEANS.	Total strength	Remained 31st December, 183																							
		Since admitted																							
		Discharged																							
		Died																							
		Remaining 31st January, 183																							
GENERAL ABSTRACT OF NATIVES.	Total strength																								

The above return includes :

Admitted by transfer { Europeans
NativesDischarged by transfer { Europeans
Natives

INSPECTIONS OF HOSPITALS.

(Here state the days on which each hospital was visited.)

MOVEMENTS OF TROOPS.

The regiment marched from on the on route to . Its medical returns for the month of are the last which will be furnished from this division.

The regiment entered this division on the from . Its medical returns for the month of are stated, by the medical officer in charge, to have been sent to the superintending surgeon of the division; and those for are the first furnished by that corps from this division.

NOTE 1. Superintending medical officers have been furnished with a catalogue of the diseases to be specified in their general abstract returns.

" 2. A similar return of sick in the civil department is to be given; to which will be added an abstract return of the sick in lock hospitals.

FORM No. 3.

Summary of the individual returns embraced in the preceding abstract.

CORPS, &c.	MEDICAL OFFICER IN CHARGE.	Numerical strength.	Remained last return.	Admitted during January.	Discharged.	Died.	Remaining.	REMAINED AND ADMITTED.			DISCHARGED.			DIED.		REMAINING.		
								Principal diseases.			Principal diseases.			Diseases.*		Principal diseases.		
								Other diseases.			Other diseases.			Total.		Other diseases.		
EUROPEANS. H. M. 1st Regt. &c.																		
Total.																		
NATIVES. 1st Regt. Lt. Cav. &c.																		
Total.																		

Convalecents not included in this return { Europeans
Natives

Station,
Date.

A. B.,
Surg. Surgeon.

* Note. The diseases from which deaths have occurred during the month are alone to be here specified.

FORM No. 6.

183 .

*January.**Division.**Report of movements of medical officers, and assumptions and relinquishments of medical charges.*

RANK AND NAMES.	REMARKS.
	Arrived 12th August, departed 20th, in charge of , or, travelling alone, as the case may be.

Station,
Date.

A. B.
Supg. Surgeon.

General abstracts of the preceding returns.

SUPERINTENDING SURGEONS.

General abstract of Europeans.	Total strength	DISEASES.																					Total.
General abstract of natives.	Total strength																						

Station, _____
 Date, _____
 A. B. Supg. Surgeon.

NOTE 1. These two general abstracts will be given on the 4th page.
 2. The half yearly return of sick in the civil department will be of the same form.
 3. Paper of the size called royal is to be used for all the monthly and half yearly returns of sick furnished by superintending and staff surgeons. The monthly "report of movements of medical officers &c." will be on foolscap.

FORM No. 9.

*Register of letters received.**January 183 .*

Number.	Date of		From whom.	Substance of communication.	Replied to, or how disposed of.
	Letter.	Receipt.			
1	5th January.	10th January.	Secretary medical board.	Calling for nominal returns of men proposed to be sent to the convalescent depot at Ootacamund.	Answered 20th January, letter book, page 120.
2	10th January.	13th January.	Surgeon of regt. N. I.	Reporting the death of Lieutenant of that corps on the 10th January.	Copy forwarded to the medical board 13th January.

SECTION VIII.

MISCELLANEOUS REGULATIONS.

1. The senior surgeon in any garrison or station shall be authorized to inspect the hospitals of the junior surgeons in that garrison, and report his observations to the superintending surgeon of the division in which he is placed.

Senior surgeon authorized to inspect the hospitals of the junior surgeons.

2. Medical officers shall not be detached, from their corps and stations, to accompany details and small parties of troops, except in cases of necessity, which will be determined by the commander in chief, or by the officers commanding divisions.

Medical officers not to be detached except in cases of necessity.

3. All applications whatsoever, which medical officers, whether employed in the civil or in the military department, may have occasion to address either to the commander in chief, or to the government, shall be transmitted with the opinions of their immediate superiors, through the channel of their respective superintending surgeons, to the medical board, with exception of appeals against retrenchments.

Applications from medical officers how to be transmitted.

4. All medical officers, on their arrival at the presidency, shall, in addition to the other reports prescribed by the existing regulations, without delay, report their arrival, place of residence, and the cause of their absence from their several stations, with the authority by which it may have been sanctioned, to the medical board, through

Report of arrival at, or departure from, the presidency.

their secretary. A similar report is required to be made by every medical officer quitting the presidency.

Leave of absence.

5. All surgeons or assistant surgeons, desirous of leave of absence from their stations or corps, shall in the first place obtain the sanction of their immediate superiors; and such sanction shall be transmitted, with their further application, to the superintending surgeon of the division in which they may be employed; who will forward their application to the medical board, for the purpose of being submitted to the commander in chief.

6. Medical officers employed in the civil department will, in the same manner, and through the same channel, submit their applications for leave of absence to the governor in council.

7. With respect to medical officers employed in the military department, the confirmation of government will be requisite only in the case of garrison surgeons and superintending surgeons, except when the persons requesting leave of absence may be desirous of proceeding to sea, or to another presidency.

8. When application is made for leave of absence for an executive medical officer, it must be stated what provision has been made for the performance of the duties of his appointment, during his absence, in the event of leave being granted.

9. Applications for leave of absence, on the part of superintending surgeons, must be accompanied by the sanction of the officer commanding the division in which they serve.

Effective medical officers attached to veteran battalions to draw tent allowance.

10. Effective medical officers, attached to the veteran battalions, are authorized to draw tent allowance, under the general regulations, applicable to surgeons and assistant surgeons, of the regular corps of the army.

11. Palankeen allowance, at the rate of rupees 70 per month, is granted to all surgeons and assistant surgeons appointed by government to do duty at *more* stations than one, the abstracts for which are to be certified, in the following manner, by the officer commanding at the principal station to which the medical officers may be attached.

Palankeen allowance granted to medical officers doing duty at more stations than one.

“ I do hereby certify that surgeon, or assistant surgeon, A. B. was in medical charge of the troops at the stations of and during the month of ” (or “ from the to the ” as the case may be.)

(Signed) A. B., Lieut. Col., commanding.

It is to be understood that the palankeen allowance abovementioned is never to be drawn by medical officers who may be in receipt of full batta.

12. Assistant surgeons, who are appointed to civil and staff situations, or who obtain leave to proceed to Europe, are to be struck off the returns of corps to which they may previously have belonged.

Assistant surgeons when to be struck off the returns of corps.

13. In all cases of medical officers exceeding their furlough to Europe, their names shall be continued on the strength of the army, until directions respecting them shall be received from the Court of Directors.

Medical officers exceeding their furlough to Europe.

14. All abstracts for pay or allowances, civil or military, drawn by surgeons or assistant surgeons doing duty at Fort Saint George, are invariably to have the counter-signature of the superintending surgeon at the presidency.

Pay abstracts of medical officers at the presidency to be countersigned by the superintending surgeon.

15. Officers of the army medical staff are strictly prohibited from demanding fees for attendance on the families of their brother officers; it being clearly understood by government, that the attendance of medical officers,

Medical officers prohibited from demanding fees for attendance on the families of their brother officers.

in their professional capacity, on the families of the officers of the corps to which they are attached, is an imperative part of the duty to be performed by them.

16. This order is to be considered applicable to medical attendance by district surgeons at the presidency, garrison surgeons, and staff surgeons of stations, on the officers of the army and their families, who may make application to them for professional advice.

To render their services when required on emergencies, or in consultation.

17. When the services of medical officers are required on emergencies, or in consultation, they are to be cheerfully and readily rendered, without reference to any consideration but the welfare of the patient, and the good of the service; but it is not intended to impose permanently on medical officers any duty foreign to that which their respective appointments, in the civil or military department, specially imply.

To keep journals of the cases of civil and military officers.

18. Medical officers are strictly enjoined to keep accurate journals of the cases of every covenanted civil servant, or military commissioned officer, whether of his Majesty's or of the Company's service, whom they may have under treatment.

To furnish frequent reports on the cases of civil and military officers.

19. Medical officers are required to furnish the medical board with frequent reports on the case of any civil or military officer, filling a high and important situation, who may be dangerously, or very seriously, indisposed.

20. When the case of a civil or military officer terminates fatally, a report of the event will be immediately made to the medical board, with a notice of the disease of which the patient died: and a detailed medical history of the case is invariably to be forwarded, with as little delay as possible, through the superintending medical officer of the division, or force.

21. Officers reported sick are to confine themselves to their quarters ; and not to go beyond them, but for such air and exercise as may be prescribed by the medical person attending them. Sick officers to confine themselves to their quarters.

22. Medical officers attending sick officers at the presidency, who may not strictly observe these injunctions, will report the same to the adjutant general of the army, for the commander in chief's information, and those at out-stations, to the commanding officer of the division, or station ; and such officers will be ordered to return to their duty forthwith. Deviation from the above order to be reported.

23. Sick officers should not be removed from their corps and stations to the sea coast, or to the presidency, on trivial cases ; which, with proper care and attention, might be equally efficaciously treated without such inconvenience to the individual, and the service. It is difficult to prescribe any defined rules for such cases ; but regimental surgeons, as well as the superior medical officers, who countersign sick certificates, will hold in mind, that such removal should obtain their recommendation only when the patient may require change of climate, or the sea air ; or when medical consultation, or further medical advice, or treatment, is important to the case. Sick officers not to be removed from their corps and stations, on trivial occasions.

24. In all cases in which a transfer of the medical charge of a sick officer may take place, a detailed statement shall be furnished by the medical officer, who conducted the first part of the treatment, for the information of the succeeding medical attendant. Statements of the cases of sick officers on occasions of transfer.

25. On occasions where it is not known what medical officer is next to have charge, this statement is to be inclosed in a sealed cover, and given to the patient himself, for delivery to the medical officer, by whom he may next fall to be attended.

26. When a sick officer arrives at any station he is to deliver the statement of his case, if furnished with it as above directed, to the medical officer, under whose care he is to be, at the first visit he receives from him ; and the superintending surgeon, if present, is expected to take an early opportunity of visiting the patient, and affording his professional advice and instructions to the medical practitioner who attends him.

27. Each succeeding medical officer is to add his own statement of the case, to the statement of his predecessors, which is to be inclosed, in like manner, for the information of the medical officer on whom the charge may next devolve ; so that a connected view may be given of the history and progress of the case, from its commencement to the time of each transfer.

28. In the event of any medical officer being hereafter required to attend a sick officer, without being furnished with the information that is herein required, an immediate report must be made of the circumstance to the superintending surgeon, for the information of the medical board.

29. Duplicate copies of the statements of cases of sick officers, and of the certificates grounded on them, must in all instances be forwarded to superintending surgeons of divisions, for transmission to the medical board.

30. In the event, however, of superintending surgeons having reason to doubt the propriety, or necessity, of particular certificates, they will call for such further information, as they may deem necessary, from the medical officers who granted them ; and, should such not prove satisfactory, they will ultimately submit the same to the medical board if requisite, when the latter will adopt

such further measures as circumstances may render expedient.

31. Should at any time the executive medical officer consider the removal of his patient absolutely necessary for the recovery of his health, and the superintending surgeon not concur in the same opinion, the countersignature to the certificate is to be dispensed with, to obviate any delay, injurious to individuals; and, in like manner, should the superintending surgeon at any time, consider the removal of an officer necessary, and the executive medical officer decline to furnish the usual certificate, the superintending surgeon in such case is to grant one, reporting to the medical board his reasons for having done so.

32. When officers arrive at the presidency from the interior on sick certificate, they shall report themselves to the medical officer of the district in which they reside, or to the garrison surgeon; in order that their names may be entered in the return of sick officers, prepared for the information of the commander in chief.

Sick officers arriving at the presidency.

33. When the sick officer places himself under the charge of any other medical officer than the garrison or district surgeon, such medical officer is particularly required to send a weekly memorandum of the state of the patient's health, to the surgeon of the district in which the patient resides, in order that he may be included in his weekly and monthly states. He is also to notify when the patient is struck off the sick report, or transferred to the care of another medical officer; as inconvenience has been experienced from sick officers changing their place of residence, removing into another district, and even quitting the presidency, without giving any intimation thereof to their medical attendant; to whom sick

officers are now strictly enjoined to be most particular, in future, in reporting all such movements.

Sick certificates,

34. All sick certificates, otherwise than to Europe, must distinctly specify the period for which the surgeon is of opinion that the officer's state of health requires that leave of absence should be granted to him ; and no further certificate will be necessary during that period. The transmission of monthly certificates, as at present required, is consequently dispensed with.

35. Should continued indisposition preclude officers from rejoining at the expiration of the original leave, they are authorized to make application, through the regular channels, supported by the prescribed medical certificate, for an extension, specifying to what period, as ordered in the preceding paragraph.

36. In particular cases where circumstances prevent the possibility of such applications being received at head quarters, through the regular channel, in sufficient time for the decision of the commander in chief being notified, previously to the expiration of the leave originally granted, officers are permitted to forward duplicates direct to the adjutant general of the army.

37. Medical certificates are to be countersigned by the superintending surgeon, or, in his absence, by the senior surgeon present, the subjoined forms being strictly attended to.

FORM No. 1.

WITHIN THE PRESIDENCY.

I do hereby certify that A. B. is in a bad state of health, and that I think it necessary he should proceed

to _____, and that he should be permitted to be absent from his duty until _____.

C. D.

Surgeon, &c.

Station,

E. F.

Date.

Supg. Surgeon, &c.

No. 2.

IN EXTENSION.

I do hereby certify that A. B. has not sufficiently recovered his health to enable him to return to his duty; and I am of opinion that he should receive further permission to be absent therefrom until the _____.

C. D.

Surgeon, &c.

Station,

E. F.

Date.

Supg. Surgeon, &c.

38. The following directions, applicable to the cases of officers proceeding on sick certificate beyond the limits of this presidency, are to be strictly observed.

1st. All officers who may be recommended to proceed to Europe, to sea, to the Cape of Good Hope, or places to the eastward of the Cape, for the recovery of their health, shall repair in the first instance to the presidency, under a "preparatory" or "conditional certificate" to that effect, signed by the medical officer in charge, and countersigned by the superintending, staff, or senior, surgeon of the division. The only exception, to be allowed, will be in the instance of an officer serving on the western coast, at Jaulnah, or Nagpoor, or to the eastward, and not intending to embark at the presidency, in which case the local certificate shall be final.

2d. Medical certificates, on which applications for leave to proceed to Europe, to sea, &c. &c., are founded, and which, for the sake of distinction, are styled, "final certificates," shall, with the exception abovementioned bear the signature of one of the fixed medical officers of the presidency, and the countersignature of the superintending surgeon, or, in his absence, of a member of the medical board; and no certificates, which may not be thus signed and countersigned, will be received.

3d. A medical officer granting a certificate, recommending a change of residence, or climate, is required distinctly to state, in the written case accompanying the patient, his opinion as to the course which ought to be ultimately pursued: and he is prohibited from giving any verbal opinion or advice on this point, that is not fully noticed in the case; such verbal opinions being only calculated to deceive the patient, and to mislead or perplex the succeeding attendant.

4th. The copy of the case and certificate, which is now rendered to the medical board, shall, in every instance of an officer being recommended to proceed beyond the limits of this presidency, and intending to embark at Madras, be immediately transmitted by the board to the presidency superintending surgeon; by whom it will be ultimately returned, along with the continuation of the case for the period during which the patient continued at the presidency.

5th. Whenever the presidency superintending surgeon feels a difficulty in deciding on a case, or where there may be a difference of opinion, a member of the medical board shall, on application to that effect, associate himself with the superintending surgeon and the executive medical officer in charge, for the purpose of forming a board, or committee, to consult and decide.

6th. The following forms of certificate are to be adopted.

FORMS.

Preparatory to application for leave to Europe, &c.

I hereby certify that A. B. is in a bad state of health, and that it is necessary, in my opinion, that he should proceed to the presidency, for the purpose of obtaining a final medical certificate, to enable him to proceed to Europe, (or to sea, to the Cape of Good Hope, or to other places eastward of the Cape, for the space of .)

C. D.

Surgeon, &c.

Station,

E. F.

Date.

Supg. Surgeon, &c.

Final.

No. 1.

TO EUROPE.

I do hereby certify that A. B. is in a bad state of health, and that I think it highly advisable for him to return to Europe by an early opportunity.

C. D.

Surgeon, &c.

Station,

E. F.

Date.

Supg. Surgeon, &c.

No. 2.

I do hereby certify that A. B. is in a bad state of health, and that I think a return (or an immediate return) to Europe necessary for his recovery.

C. D.

Surgeon, &c.

Station,

E. F.

Date.

Supg. Surgeon, &c.

SECTION IX.

REGULATIONS RESPECTING THE PROBATIONARY COURSE OF NEWLY ADMITTED ASSISTANT SURGEONS.

1. The certificates of appointment of assistant Certificate of appointment. surgeons, arriving from Europe, will be delivered to the medical board, and submitted by that board to the commander in chief, to be laid by him before government.

2. It being deemed of the highest importance, that Mode of initiation into Indian medical practice. the initiation into practice of assistant surgeons, on their admission on the establishment, should proceed without interruption under the tuition and guidance of experienced surgeons, as affording opportunities both of appreciating, and properly directing, their skill and professional acquirements, they will be placed, in the first instance, by order of government, with such of the Company's European corps, garrisons, or other fixed hospitals, as may in each case be recommended by the medical board.

3. Assistant surgeons, who have finished the first part of their probationary course, and have been reported qualified for the charge of acute cases of the principal diseases of India, may be posted to his Majesty's regiments by the commander in chief, there to finish the remaining part of their probationary course, according to the established rules.

4. The assistant surgeons will invariably continue thus

under probation until they are permitted, with the express sanction of government, to enter on the general duties of the army, having been previously reported as duly qualified by the medical board.

Detailed instructions relative to the probationary course of hospital attendance and practice.

5. The following detailed instructions, relative to the probationary course of hospital attendance and practice, are to be strictly observed by all concerned.

6. Probationary assistant surgeons will apply themselves to acquire a practical skill in the treatment of Indian diseases, by observing the practice of the surgeons under whom they are placed; and they will treat, under the superintendence of the surgeon of the hospital, such cases, medical or surgical, as he may entrust to them.

7. It is, however, to be distinctly understood, that the charge of severe cases of disease, where the preservation of the patient's life depends on the treatment pursued, must not at first be devolved on these assistant surgeons; and it is specially directed, that no case of hepatitis, dysentery, diarrhœa, fever, or cholera, shall be committed to their care, without the written sanction of the superintending surgeon.

8. The assistant surgeons will keep journals, according to the established form, of every case entrusted to them, copies of which, in their own hand writing, with a register and abstract of the cases treated, being signed and countersigned, are to be forwarded monthly to the superintending surgeon; each journal having entered in it the dates of its delivery to the surgeon of the hospital, and of its transmission, by that officer, to the superintending surgeon. These journals shall be made out on sheets of foolscap paper stitched together, and folded, and docketed, like other professional papers.

9. In order to observe, in these journals, how the diagnostic symptoms of disease are seized by the young practitioner, and how he develops his indications of cure, it is desired, that on all occasions his reports and prescriptions shall be written down in the first place; and, where the surgeon may deem control necessary, his remarks, which are also to be written, will then come in with peculiar value.

10. It is especially enjoined, that each monthly journal shall be accompanied with general medical observations, and reasonings, on the cases treated; that no case shall on any account be omitted; and that every opportunity shall be taken to practise, and record, morbid dissections.

11. The cases treated by the assistant surgeons will be copied into the general book of the hospital, by the hospital establishment, to complete the record.

12. Superintending surgeons of divisions are enjoined to inspect all probationary journals with particular care, and to enter their opinions, in the way of comment, on such points of practice as appear to them to require correction. The original journals, with these observations, are then to be returned to the young medical officers, who are to peruse with care and copy them, for their improvement and future reference.

13. When the garrison or regimental surgeon, under whom an assistant surgeon is placed, during the first part of his probation, considers him qualified for the treatment of acute cases of disease, he will report his opinion to the superintending surgeon; and this officer, when he has fully satisfied himself that the assistant surgeon is well qualified for the trust, will give his written sanction for employing him in the treatment of such cases.

14. The superintending surgeon will retain the monthly probationary journals received in his office, until he has given the sanction just mentioned; and he will, in every instance, immediately report to the medical board that he has authorized that measure, and forward at the same time the journals hitherto retained, as being the first series of the probationary course.

15. The same rules are applicable to the second part of the probationary course of young medical officers. Superintending surgeons will report to the board whenever they consider a young medical officer duly qualified for a separate charge, and fit to enter on the general duties of the army; on which occasion they are to forward the second series of the journals, together with a full report, for the information and consideration of the medical board, of the conduct of the young officer, during his probationary course, in every point essential to his progress in professional acquirement, and of the qualifications and attainments which appear to render him eligible to be entrusted with a separate charge, and to enter upon the general duties of the army.

16. Having received and examined these documents, the medical board will report to the commander in chief, and government, when they consider the assistant surgeon qualified to enter on the general duties of the army.

17. Probationary assistant surgeons, stationed at the presidency, are ordered to pay every possible attention to the practice in the eye infirmary. They are to attend there frequently, and especially on the day set apart for operations.

SECTION X.

LOCK HOSPITALS.

1. Hospitals for the reception and treatment of ^{Hospitals} public women are established, under the authority of <sup>where esta-
blished.</sup> government, as a measure of general police, to prevent the diffusion of venereal infection, at the principal garrisons and stations at which European corps are quartered.

2. These establishments are placed under the control <sup>Control and
medical charge
of.</sup> of the officers commanding at the several military stations; and the patients under the immediate care of the garrison surgeon, or, where there may be no garrison surgeon, under the senior medical officer of the Company's service at the station, subject, as in other cases, to the directions of the superintending medical officers.

3. Officers in command will state to the commander in chief how far they may deem such establishments necessary in the limits of their respective commands; and, at all stations where lock hospitals have been authorized by the previous sanction of the commander in chief, to be approved by government, the commanding officers are hereby authorized to place under the wholesome <sup>Disordered
public women
to be placed
under restraint.</sup> restraint, which is inseparable from the proper administration of this branch of general police, such disordered women as may be discovered disseminating venereal infection amongst the troops under their command. But in the exercise of this authority they are charged to observe the utmost caution not to offend the prejudices

of the natives, or to interfere with their religious establishments, by an over zealous exertion of the powers of this important trust; which should only be called forth by the most unequivocal proofs.

Similar establishments in armies or detachments in the field.

4. In armies or detachments serving beyond the limits of the Company's territory, the officers commanding are authorized to form similar establishments under charge of their principal medical officers; and to place, under the wholesome restraint required by this branch of police, such disordered women as may be discovered disseminating infection, as followers of the army, within the limits of the encampment.

5. In the exercise of this authority, officers in command will be particularly cautious to avoid interference with the inhabitants of states in alliance with the Company's government, and under the jurisdiction of the local authorities of those states.

Rules for the detection and apprehension of diseased women.

6. At every military station at which a lock hospital may be established, a chowdranee is to be maintained, whose sole duty it will be to make herself acquainted with the character and habits of the class of prostitutes with whom the troops have intercourse; to inspect, at their own houses, the persons of those suspected or reported to be diseased; and to send to the lock hospital such of them as on examination may be found to require medical treatment.

7. The chowdranee will be entertained by the commissariat officer in charge of the police duties, on the recommendation of the medical officer of the lock hospital, confirmed by the superintending surgeon: she will thus be attached to the commissariat establishment, but will receive all instructions respecting her duties from the

surgeon. Her monthly pay is fixed at rupees $10\frac{1}{2}$; and she will be liable to dismissal for neglect of duty, or other misconduct, established before the local superintendent of police.

8. It is hereby specially declared, that any chowdranee, who may be convicted of receiving bribes from diseased prostitutes, desirous of avoiding confinement in the lock hospital, shall be publicly deprived of her situation. The same punishment shall also be awarded to a chowdranee, who may be convicted of sending to the lock hospital, with a malicious intention, any woman not actually diseased, or any woman, whether diseased or not, belonging to a class with whom the troops have no intercourse.

9. The superintendent of police will require his establishment to afford all necessary and proper support to the chowdranee in the execution of her duty; and he will give her the assistance of one or two peons whenever such aid may be found necessary.

10. The following establishment of servants, in addition to the chowdranee, to be furnished by the commissariat, is authorized for each lock hospital: Establishment
of servants.

A medical servant, or dresser, on a monthly pay of rupees $17\frac{1}{2}$.

A matron, being a decent woman of caste and proper years, to superintend, and regulate the economy and internal management of the hospital, under the direction of the surgeon, on a monthly salary not exceeding rupees $10\frac{1}{2}$.

An assistant matron, being also a decent woman, to assist the former, as well as for cooking the victuals of

the patients, and attending the other duties, on a monthly salary of rupees $5\frac{1}{4}$.

A toty on a monthly pay of rupees $5\frac{1}{4}$.

In addition to the abovementioned servants, female coolies are allowed, as attendants, in the proportion of one to every ten patients.

Bedding.

11. Each patient is to be provided with a mat and cumley on being admitted into the hospital, for the care and preservation of which the matron will be held responsible. The mats and cumlies to be supplied by the commissariat department, on the surgeon's indent.

Diet.

12. The diet of the patients will be supplied by the commissariat, and regulated by the "diet table for natives."

Medicines.

13. The requisite European medicines will be taken from those furnished for the military charge held by the medical officer; and the country or bazar articles will be supplied by the commissariat, as in other hospitals.

Guard.

14. A military guard is to be furnished for all hospitals for diseased women.

Hospital discipline.

15. The rules prescribed for cleanliness, and the interior economy of hospitals in general, (sect. 1, para. 8 to 18,) are to be considered as extending, as far as they may be applicable, to the hospitals for diseased women.

Returns and reports.

16. Medical officers in charge of lock hospitals will furnish monthly and half yearly returns, according to the prescribed forms, of diseased women under their charge; and, annexed to the latter returns, they will give a general report of the nature of the disease prevalent during the half year, and of the treatment employed.

Building for an hospital.

17. At stations where a public building cannot be

allotted for an hospital, it will be found expedient to rent or erect a house for that purpose, on the sanction of government being previously obtained, the expense of which must necessarily vary according to situation and circumstances.

18. A personal allowance of 50 rupees a month is granted to a medical officer incidentally in charge of an authorized lock hospital, and not receiving remuneration under any other head for that duty.

Allowance to a
medical officer
incidentally in
charge.

SECTION XI.

REGULATIONS RELATIVE TO MEDICAL OFFICERS ATTACHED TO THE CIVIL DEPARTMENT.

1. The several assistant surgeons, attached to civil stations, are intended to afford medical assistance equally to the officers in the revenue and judicial departments, and are not to consider themselves prohibited from proceeding to any part of the district, where their presence may for that purpose be required. The discretion thus vested in judges and collectors in common will, it is hoped, be exercised with due regard to each other's exigencies, and to the convenience of the medical officers, and will not be allowed to give occasion to any difference of opinion, rendering the interference of government necessary. Medical duties.

2. The regimental allowances of medical officers employed *exclusively* in the civil department are consolidated with their civil allowances: those officers are accordingly to be considered entitled to their regimental subsistence only in the military department; and, should local circumstances require, in any case, that their civil allowances shall be drawn from the military paymasters, the specific sum, to which they are entitled, will be notified to the military auditor general, who will direct the amount to be disbursed and brought to account as civil charges. Allowances.

3. The following are the established allowances of

medical officers employed in the civil department, in addition to the military pay and allowances of their rank.

	Surgeons of provincial courts.			Assistant surgeons of zillahs or collectorates.		
	R.	A.	P.	R.	A.	P.
Civil allowance, being in commutation of additional half batta.....	100	0	0	65	0	0
Allowance for superintending vaccination.....	87	8	0	52	8	0
Conveyance allowance, if not drawn in the military department.....	30	0	0	30	0	0

4. Medical officers, having regular, established, duties, both in the civil and military departments, are to draw their regimental allowances in the latter as *military* charges, including tent allowance, or house rent, according to the nature of their military duties,

5. It is, however, to be understood that the nomination of a medical officer, holding a permanent civil appointment, to any occasional military duty, is not to authorize his drawing regimental allowances : such temporary duty will give him a claim to the regulated, or established, medical allowances only, as military charges.

6. The above provisions are not to be considered applicable to medical officers attached to political residences, whose pay and allowances will continue to be drawn, and brought to account, as at present.

7. Surgeons and assistant surgeons of the civil department, when placed in medical charge of regular native troops, are to receive rupees 12-8 per 100 men per month, which will be the only charges by those officers applicable to the military department.

8. The following rules are to apply to medical returns in the civil department.

9. The monthly returns of civil stations are to exhibit the diseases and numerical strength of prisoners only ; returns of the sick of the establishment of péons, or other zillah servants, not being considered necessary. Separate returns of diseases, and of numerical strength of prisoners, shall be given, for convicted prisoners, for prisoners under, or waiting for, trial, and for civil prisoners, or debtors. These three returns are to be given on different pages of the same sheet of paper, the docket referring to the sick of prisoners generally.

10. Medical officers of civil stations will also furnish half yearly abstracts of the returns of sick, according to the prescribed form ; the first return comprising the months from January to June, and the second, the months from July to December, inclusively.

11. Particular details of cases at fixed periods are not required from surgeons of civil establishments ; but these officers will furnish, along with their half yearly returns, special reports on the state of health of the prisoners under their charge, and on the practice employed by them, in the prevailing diseases, and its results, illustrated by such occasional details of cases, as their opportunities may enable them to furnish.

12. Medical officers attached to the civil department will conduct the duties of vaccination in their respective districts, in conformity with the regulations on that subject contained in the 12th section.

13. Medical officers in charge of zillahs, or other civil establishments, are required, in addition to the usual report to the superintending surgeon, to report *direct* to the adjutant general of the army all casualties, that may occur amongst the non-commissioned medical servants under their orders, immediately on their taking place.

SECTION XII.

DEPARTMENT OF VACCINATION.

1. The department of vaccination is conducted Control. by the superintending surgeons of divisions, subject to the immediate authority, and control, of the medical board.

2. The medical officers specially nominated by go- Local superin-
vernment as local superintendents of vaccination, at the tendents.
stations of circuit and zillah courts, and other fixed
situations, together with the establishments of native Native vacci-
vaccinators, are under the immediate authority of the nators.
superintending surgeons of divisions, in all matters relat-
ing to vaccination. The local superintendents correspond
with them, and submit to them their monthly reports, for
the information of the medical board.

3. It is the duty of the local superintendents to prac- Duty of the
tise vaccination themselves, and to promote its diffusion local superin-
amongst the native population by every means in their tendents.
power. They superintend the operations of the native
vaccinators, and are required to encourage, and stimulate,
them to exertion ; to afford them the utmost possible
facility ; while they are not to neglect to keep a strict
and vigilant watch over them, nor to omit any practica-
ble means of checking and verifying their monthly regis-
ters, and reports. For these purposes, as well as, by
examining the nature and character of the disease kept
up, to judge whether the virus be genuine or not, occa-

sional personal inspection is absolutely necessary. It is, therefore, to be considered as an essential principle of the duty of superintendence, that the local superintendents shall, from time to time, personally inspect the operations of the vaccinators, in whatever parts of their respective districts they may be employed ; and it is competent for the superintending surgeon, under the authority of the medical board, to direct the performance of this duty, when not interfering with any other of a more urgent description.

Persons selected as vaccinators.

4. It being desirable, in many respects, and especially in the ultimate view of devolving on the natives themselves the preservation of the vaccine disease, and trusting its general use and diffusion to their unaided exertions, that the practice should fall into the hands of the native practitioners, such only are to be selected to fill the place of vaccinators. An exception, however, may be made to this rule in favour of the sons, or immediate relations, of old vaccinators now in employ, and of approved zeal, and ability. The vaccinators are to be selected with strict reference to the caste and description of natives amongst whom they are to be placed, and, whenever practicable, should belong to that country.

How appointed and removed.

5. Vaccinators are appointed, or removed, under the authority of the superintending surgeon, with the sanction of the medical board ; and no local superintendent is to remove, or appoint, any vaccinator of his own authority, nor, on any pretence, to employ them as dressers, or medical servants. When a vaccinator is accused of misconduct in his public capacity, or of any offence, in his private character, affecting his eligibility to hold a public office, he should be brought by the local superintendent before the magistrate, or zillah judge, as the

case may be, in all instances, where the offence alleged, comes fairly under the cognizance of legal authority. The decree or sentence thereupon will be communicated to the local superintendent, for the information of the superintending surgeon, and the medical board. But when imputations or objections involve considerations merely of a professional nature, the circumstances are to be submitted to the superintending surgeon.

6. As an encouragement to the poorer classes of natives to come forward with their children to be vaccinated at public depots, and thereby to secure an unfailing supply of genuine vaccine virus, by an uninterrupted succession of inoculations under the immediate observation of the superintendents, government has sanctioned the gratuitous issue of rice to such subjects, at the presidency, Masulipatam, Trichinopoly, and Tellicherry. Rice for this purpose is furnished by the commissariat.

Gratuitous
issue of rice in
certain cases.

7. As the general and successful practice of vaccine inoculation is an object of great public interest; and as the collectors of revenue are peculiarly enabled, by their local knowledge, their authority, and their public servants, to encourage this practice, and to detect fraud or neglect of duty on the part of the native vaccinators; these authorities are required to promote, by every means in their power, the propagation of this valuable discovery.

Measures to be
adopted for en-
couraging the
practice of
vaccination,
and detecting
fraud or ne-
glect of duty,
on the part of
the native vac-
cinators.

8. The local superintendent will accordingly furnish the collector of the district with a nominal list of his establishment of vaccinators, stating in what talook and village each is employed; and he will also notify to the collector such changes in these respects as may, from time to time, take place. It will then be the duty of the collector, by means of his public servants, to observe the

conduct of these people, and to explain to the inhabitants, as occasion offers, the nature of their occupation. He will cause the tahsildars and village curnums to make themselves acquainted with the proceedings of the vaccinators, and to countersign the monthly registers of inoculations kept by them, in proof of their veracity.

9. These registers, thus countersigned and certified, being received by the local superintendent, he will prepare from them an abstract return for transmission to the superintending surgeon, copy of which he will likewise furnish to the collector. The original registers and reports of the vaccinators are then to be placed amongst the public records of the collector's cutchery, in order that reference may be had to them at any future time, should occasion require; and collectors of revenue are hereby accordingly required to receive and preserve them.

10. By these means it is considered that the collectors of revenue will obtain sufficient information, to enable them to judge in what manner the duties of the department of vaccination are executed in their respective districts; and how far the measures pursued are judicious, and calculated to serve the purposes for which they were intended.

Detailed instructions respecting vaccine duties.

11. All official correspondence, relating to vaccination, is to be carefully arranged and preserved, and duly handed over, by one local superintendent to another, on occasions of removal.

12. A register and abstract, agreeably to the prescribed forms, to be kept by the local superintendent, and by each of the vaccinators, for his and their respective inoculations. It is considered to be proper, that each vaccinator should operate separately. Each regis-

ter will have its respective abstract written upon it, and not on a separate paper. From these "detail abstracts" the local superintendent will form his general abstract, for transmission to the superintending surgeon; a copy of which is at the same time to be presented to the collector of the district, for his information.

13. The words, in the registers "perfect vesicles," and their number, are intended to convey all the information formerly afforded by the columns for the appearance of fever, and of the areola, and the remarks as to one, or both arms being affected. Care must be taken to make the vaccinators comprehend this, and that they are not to register, as duly vaccinated, any one in whom the diagnostic signs of the true vaccine disease may be wanting. Among the signs of constitutional affection may be reckoned a tenderness, or swelling, of the axillary glands. One vesicle at the very least should be left untouched in every subject.

14. The names of the talooks and villages are to be carefully inserted in the registers and abstracts; and, unless this is distinctly done, these documents are to be returned.

15. Local superintendents must be sensible of the propriety of co-operating with the utmost zeal and cordiality with the civil authority. Through that influence, they will not only find their exertions for the extension of vaccination greatly facilitated, with respect to the native population, but they will also have the best means of exercising an efficient control over the vaccinators. Superintendents will not however forget, that the revenue native servants are liable, like all others, to sinister influences; and they will therefore receive with becoming caution and circumspection reports to the pre-

judice of the vaccinators. It is to superintendents that these men have primarily to look for support and protection; and, on the other hand, their public duty equally imposes the obligation of a strict and vigilant superintendence.

Vaccine duties
at the presi-
dency.

16. The duties in the department of vaccination at the presidency shall be conducted, by the officer appointed as superintendent of vaccination, according to the following arrangement.

1st. The native vaccinators shall be placed under the immediate control of the medical officers in charge of the medical duties of the south east, north west, and black town, districts.

2d. It will be considered the duty of these medical officers to inspect the practice of the native vaccinators, and to transmit to the medical board, through the superintendent of vaccination, monthly returns specifying the number of patients successfully vaccinated, with such other information as the medical board may require.

3d. A suitable building, at the east end of Chintadrepettah, is appropriated as a vaccine depot, where two or more native practitioners will be in daily attendance to vaccinate all persons who may apply there for that purpose.

4th. All persons vaccinated at this institution, who may not possess the means of procuring food while under the process of vaccination, shall be supplied with rice at the public expense: and the rice, which may be required for this purpose, will be issued from the public stores, on the indent of the medical officer of the black town district, countersigned by the superintendent of vaccination.

SECTION XIII.

EYE INFIRMARY.

1. The following rules are established, for the conduct of the duties of the eye infirmary of this presidency. Rules established.

2. The medical charge of the eye infirmary is vested in the Company's oculist ; and its duties will be conducted under the general supervision of the superintending surgeon of the presidency, and of the medical board. Medical charge and control.

3. The eye infirmary will be open to the visits of all professional men, who may wish to avail themselves of that opportunity of observing the diseases of the eye. Open to the visits of professional men.
The oculist will keep regular and comprehensive journals of the cases of the patients treated by him in the infirmary ; which journals shall be open to the inspection of the professional visitors. It will be the especial duty of the oculist to afford every facility to those who may seek information at the infirmary. Journals to be kept.

4. In order to afford medical officers at the presidency an opportunity of witnessing ophthalmic surgery, one day in each week is fixed expressly for the purpose of operations, on which occasions their attendance is invited. The operation day is Saturday at 10 o'clock A. M. The usual morning hour of visiting the patients is half past six, to which visitors are expected to conform. The oculist will likewise give his advice and assistance in any public, or charitable, institution at the presidency, when Rules for promoting the study of ophthalmic surgery.

applied to by the officers in charge, or when instructed to do so by his superior medical officers.

5. Assistant surgeons recently arrived from Europe, who, during their probationary course, may be stationed at the presidency, are ordered to pay every possible attention to the practice in the eye infirmary. They are to attend there frequently, and especially on the day set apart for operations. The oculist will be particular in noting, in his monthly returns, the regularity with which these orders are fulfilled by the assistant surgeons.

6. Inferior medical servants, attached to corps and detachments at the presidency, are likewise to be directed to attend the eye infirmary, from time to time, in order to be made acquainted with such part of the treatment of disease of the eye, as belongs to their situation. The oculist will also consider it to be an important part of his duty to encourage native practitioners to attend him, for the purpose of acquiring a knowledge of diseases of the eye, and of the best modes of treating them; and he will carefully and kindly explain to them the principles on which he acts, as far as they may be capable of comprehending them.

Establishment
of servants.

7. An assistant apothecary and two medical apprentices will form the public establishment of medical servants attached to the eye infirmary.

Persons ad-
missible as
patients:

8. The eye infirmary is open for the reception of European and native soldiers, as well as for Europeans and natives not belonging to the public service. Military patients, European and native, will be admissible into the infirmary on the requisitions of their commanding officers, founded on medical certificates. Europeans not in the service, and Indo Britons, who are entitled to be treated in other hospitals as Europeans, will be admissible on

requisitions signed by the town major of Fort St. George, founded on the certificate of medical officers in charge of garrisons or districts. Natives will be admissible at the discretion, and on the responsibility, of the oculist,

9. A building is specially allotted for the native patients, and for the servants of the infirmary ; and an apartment in the general hospital is appropriated for the reception of Europeans. Accommodation.

10. Each European and Indo British patient in hospital shall be furnished with an hospital cot, bedding, and clothing, according to the practice of other European hospitals ; and they will be dieted in like manner. Cots, bedding, clothing, and diet.
The native soldier will be furnished with a cot, mat, and pillow ; but he will clothe and diet himself. The civil native patients in hospital will each have a cot, cumbly, and a small pillow ; and will be dieted, by the commissariat, according to the diet regulations laid down for natives, in section 15th.

11. It is of much importance, that European and native soldiers afflicted with diseases of the eye, which have resisted the curative means employed by the respective medical officers, and who may consequently be deemed proper objects for treatment in an eye infirmary, should be transferred to the institution in proper time. While they should first obtain all the benefit to be expected from active treatment in their own hospitals, at the commencement of the disease, their transfer should not be delayed too long, lest the disease become altogether incurable. Medical officers will be guided by their own judgment in this respect, and will accordingly be most careful to bring to the notice of their respective commanding officers every case of disease of the eye, amongst the men Transfer of European and native soldiers to the infirmary.

under their charge, which they may consider to require the aid of a professed oculist. Commanding officers are authorized, and enjoined, to adopt immediate measures for the safe transport of the patient, from the station where he may be, to the eye infirmary at the presidency.

12. All such patients are accordingly to be transferred to the presidency, after being a moderate time under the care of their respective surgeons; who are required to furnish a copy of their cases to the superintendent of the eye infirmary *direct*, to whom all communications respecting this class of patients are to be made.

13. The preceding rules are to be equally applicable to men of his Majesty's regiments as to those of the Company's service.

14. It will be the special duty of invaliding, &c., committees to recommend, for transfer to the eye infirmary, all men brought before them on account of the disease of the eye, respecting whose cases there may be any doubt. The committee, in such instances, will however dispose of the case conditionally, stating in a remark "subject to the result of examination and treatment by the oculist." The oculist, when required, is to attend at general invaliding committees at Poonamallee, and Fort St. George, to give his opinion on any ophthalmic cases which may be referred to him by the committee. It is particularly enjoined, that a very full account of the medical treatment of each case of ophthalmic disease coming before an invaliding committee, or recommended to be sent to the eye infirmary, shall accompany the individual, for the information of the committee, and eventually of the oculist.

Medicines and
instruments.

15. European medicines and instruments, and an operating chair and stool, are provided, at the public expense, for the use of the eye infirmary.

16. The oculist will keep the prescribed registers and other hospital books, and furnish monthly reports to the medical board, and an annual report and statement of expenses, for submission to government, and eventual transmission to the Court of Directors. Records and reports.

17. The allowances to be drawn by the oculist are as follows : the regimental pay and allowances of his rank, according to existing regulations, and a personal salary of 525 rupees per mensem. Allowances.

EYE INFIRMARY.

FORM No. 1.

183 .

January.

European (or native) sick.

Eye infirmary, civil (or military) department.

Monthly return of patients admitted with total loss of sight.

[illegible]

Note. This return will occupy the first page of the sheet; and similar returns of "patients admitted with partial loss of sight," and of "patients admitted with diseases of the eye not included in the two preceding returns," will be given on the 2d and 3d pages respectively, of the same sheet. The station and date, and signature and countersignature, to be entered at the bottom of the 3d page.

SECTION XIV.

LUNATIC ASYLUM.

1. An asylum is established at the presidency for the reception of all insane persons, whether European or native, who, from continued mental derangement, may require restraint and treatment in such an institution. Established at the presidency.

2. A surgeon is appointed to have the immediate charge and management of the asylum, on a salary of rupees 525 per mensem, in addition to the pay and garrison allowances of his rank. A surgeon appointed to the charge, and his salary.

3. The ordinary control and superintendence of the asylum, as in the case of other hospitals, are vested in the superintending surgeon of the division; but it will be at all times open to the inspection of the members of the medical board, and to the civil magistrates. Control and superintendence.

4. The medical board will regularly inspect the institution once in every three months, and submit to government a report on the manner in which its duties are conducted.

5. The rules, to be observed in regard to military persons, considered to labour under insanity, who may be sent from subordinate stations to the presidency, for professional examination, are detailed in section 1st paragraphs 35, 36, and 37; and the same rules are applicable to patients not belonging to the public service. All such patients, therefore, who, after three months' treatment by the medical officer on the spot, may be deemed fit objects Mode of admission into the asylum.

for the lunatic asylum, shall be removed to the presidency, for eventual admission into that institution.

6. Persons thus sent to the presidency, under the imputation of insanity, shall, in the first instance, be delivered over into the charge of the superintendent of police, who will cause them to appear before the medical board : and if, on examination by that board, they are considered fit objects for the lunatic asylum, they will be received into it ; and their admission reported to government for sanction.

7. On ordinary occasions, patients are to be admitted only after examination by the medical board ; but, under very urgent circumstances, they will be received on the requisition of the town major, police magistrate, or superintending surgeon.

8. The admission of a patient, by any other authority than that of the medical board, is to be immediately reported to the superintending surgeon, for the board's information, in order that they may have an opportunity of examining the patient.

9. Insane persons at the presidency, who may not belong to the public service, if violent and outrageous, will be directly transferred to the lunatic asylum. The more manageable cases will undergo the prescribed period of probation, under the medical officer in charge of the black town district ; and harmless idiots will be received into the native poor infirmary.

Hospital supplies.

Medicines and instruments.

10. The diet, clothing, bedding, and all necessaries, for the patients in the asylum, are supplied by the commissariat ; and medicines and surgical instruments are furnished from the medical stores at the presidency, on half yearly indents, checked by the medical board.

11. The diet of European patients will be regulated ^{Diet.} by the diet table contained in section 2, and that of natives by the diet table in section 15. The diet for patients under medical treatment will, of course, be varied according to the circumstances of their several cases; and, in particular instances, such extra articles, as may be considered proper, will be allowed, under the sanction of the superintending surgeon.

12. Wine, beer, or other liquors, when deemed neces- ^{Wines and spirits.} sary by the surgeon for particular patients, will be supplied by the commissariat; and monthly nominal returns of the expenditure of these articles will be transmitted, through the usual channel, to the medical board.

13. Every patient, as soon as possible after admission, ^{Clothing, &c.} is to be bathed and shaved, and supplied with hospital clothing, according to his or her class.

Every patient is to have a separate cell.

The furniture of a cell for each description of patients is to consist of the following articles, viz.

For Europeans,.....	} One cot, bedding, and bed clothes, one table, one chair, one close stool.
Indo Britons,.....	
Portuguese.....	

Natives.....One cot, with mat, pillow, and cumbly.

14. The European patients are to have generally clean clothing every second day; but the utmost attention is to be paid to keep the patients cleanly clothed, and a supply of clothes is to be given for this purpose, as much oftener than every second day, as is found necessary.

The following are the articles of clothing for

Males.	{	European, ...	} One white shirt, one pair blue trowsers, one bed gown, one cap, one pair of shoes.
		Indo British,.....	
		Portuguese....	

Females.	{	European,.....	{	One white shift, one white gown, one white cap, one pair of shoes.
		Indo British,....		
Females.	{	Portuguese....	{	One white shift, one chintz petticoat, one white jacket.

Cotton or worsted socks are to be issued to such patients as have been accustomed to wear them, and according to the season and circumstances.

To the natives clean clothing is to be issued twice weekly, and as much oftener, in particular cases, as circumstances make necessary.

The clothing for natives consist of :

One white jacket, one white short trowsers, for males.

One white cloth, ten cubits long, two and a quarter cubits broad, for females.

Detailed regulations for the internal economy of the asylum.

15. Female patients are to be kept distinct and separate from the male patients ; and all intercourse between them is to be strictly prevented. The females are to be treated with the care, attention, and delicacy, which their sex and unfortunate situation demand.

16. Frequent recourse is to be had to the cold, tepid, or warm bath ; coercive measures are as much as possible to be avoided ; and the patients generally are to be encouraged in taking as much exercise in the open air, at proper hours, as may be consistent with the circumstances of their several cases.

17. Patients recently admitted, whether under medical treatment or not, are to be closely observed by the non-commissioned medical officers ; and the result clearly detailed to the surgeon, at his visit to the hospital, by the second apothecary.

18. Tobacco, snuff, and beetel, are to be allowed, in a regulated quantity, to such patients as are accustomed to the use of them; and the distribution of these articles is to be held out as a reward for correct conduct, and the withholding them as a punishment when deserved.

19. The cells are to be opened, under the immediate inspection of the second apothecary, at 5 A. M., or at daylight; and every cell is then to be carefully examined, as well as the person of the patient, and the furniture of the cell.

20. The cells are to be shut at half past 6 P. M., under the inspection of the second apothecary. The persons of the patients, the cells, and furniture, are then again to be strictly examined; and any instrument, or any thing by which a patient could injure himself, is to be removed.

21. A torpid state of the bowels being known to exist in a large proportion of maniacal patients, and attention to obviate constipation being essentially necessary to the preservation of the patient's health, as well as to promote his recovery; it will be the particular duty of the second and assistant apothecaries carefully to ascertain, during the morning inspection, whether an alvine evacuation has taken place in the course of the preceding twenty-four hours, and to report to the surgeon every instance of irregularity in that respect.

22. In cases where patients refuse every kind of sustenance so obstinately as to render coercion necessary, it is directed that no attempt be made to force the patient to swallow food unless in the presence of the surgeon.

23. No visitors are permitted to go into the interior of the asylum without a written pass from the surgeon, a member of the medical board, superintendent of police,

or superintending surgeon, specifying the object of the visit.

24. No spirituous liquor, wine, or intoxicating drugs, are permitted, on any account, to be taken into the institution, or given to any of the patients, without the special order of the surgeon ; and the guard is to be especially warned on this subject.

25. As patients are frequently unruly, troublesome, and noisy, at all hours of the night, the second apothecary is required to go with the servants, whose duty it is to sleep within the walls, or if necessary with the assistant apothecary and the havildar of the guard, and see the cells of such patients opened ; ascertain the cause of any unusual noise ; and endeavour if possible to pacify the patient, or use restraint if necessary. The circumstance will be reported to the surgeon at his morning visit.

26. It is the duty of the assistant apothecary to see, that the keys of the gate-way and cells are hung up in charge of the guard, after the opening and closing of them ; and it is the duty of the havildar of the day to see the gates shut, and the keys placed in charge of the sentry. The keys thus deposited are not, on any account, to be removed, unless in the presence of the second or assistant apothecary.

Records re-
turns, &c.

27. The surgeon will keep the prescribed registers, journals, and other hospital records, and furnish the usual returns to the medical board, in conformity to the directions contained in the 5th section ; and he will also furnish annually, in the month of January, a statement of the expenses of the institution during the preceding year, for submission to government, and eventual transmission to the Court of Directors.

28. An early removal from a hot climate being considered to afford the best, perhaps the only, chance of recovery to Europeans afflicted with insanity, all such persons will be sent to England, at the public expense, with as little delay as circumstances may admit.

Removal of
European pa-
tients to Eng-
land.

29. To enable the authorities in England to search out the relatives and friends of the patients, with a view to the government being relieved from at least a part of the expense of their maintenance, it is directed, that with every insane patient shall be forwarded such particulars, as can be obtained, respecting his or her European connexions.

30. In addition to the information required by the last paragraph, a medical report of the case will, in every instance where it may be practicable, be forwarded by the ship on which the patient may be sent, particularizing the length of time that the individual has been insane, the precise nature of the delusion, or mental perversion, and the length of the intervals of sanity, if any, between the previous paroxysms of madness.

31. Patients are to be discharged from the asylum only by the authority of the medical board. The surgeon, when he considers a patient to be sufficiently recovered, will forward a discharge certificate, through the superintending surgeon, to the medical board; and, on the certificate being returned, confirmed by the board, the patient is to be discharged, or delivered over to his or her friends; or, if military, sent to the adjutant general's office for orders.

Discharge of
patients.

32. The establishment of medical attendants and servants consists of

Medical at-
tendants and
servants.

1 Second apothecary,

1 Assistant do.,

- 4 Lascars,
- 1 Conicopoly,
- 1 Cook for European patients,
- 1 Ayah for the female patients,
- 1 Head cooly,
- 4 Second class ward coolies,
- 2 Cook-women for native patients,
- 4 Waterwomen, who are also sweepers,
- 1 Barber,
- 1 Washerman,
- 1 Ironman,
- 1 Toty (male),
- 1 do. (female),
- 1 Tailor employed occasionally.

SECTION XV.

REGULATIONS RESPECTING THE DIET OF NATIVE PATIENTS IN THE CIVIL AND LOCK HOSPITALS.

1. The diet of native civil sick, in the general hospital of Fort St. George, the eye infirmary, lock hospitals, and of native patients in the lunatic asylum, is to be regulated by the following diet table.

DIET TABLE FOR NATIVE SICK.

	FULL DIET.	REDUCED DIET.	SPOON DIET.
Breakfast at 7 o'clock A.M.	ADULTS. One pint of thick congee, and one ounce of atchar. YOUTHS. Twelve ounces of thick congee, and six drachms of atchar. CHILDREN. Eight ounces of thick congee, and four drachms of atchar.	ADULTS. One pint of thick congee, and half an ounce of atchar. YOUTHS. Twelve ounces of thick congee, and half an ounce of atchar. CHILDREN. Six ounces of thick congee, and no atchar.	The same as in reduced diet.
Dinner at 1 o'clock P.M.	ADULTS. Boiled rice $2\frac{1}{2}$ pints, curry half a pint. YOUTHS. Boiled rice $1\frac{3}{4}$ pints, curry six ounces. CHILDREN. Boiled rice $1\frac{1}{4}$ pints, curry four ounces.	ADULTS. Boiled rice $1\frac{3}{4}$ pints, curry six ounces. YOUTHS. Boiled rice $1\frac{1}{4}$ pints, curry four ounces. CHILDREN. Boiled rice $\frac{3}{4}$ pint, curry two ounces.	Arrow root, sago, mutton broth, or fowl soup, at the discretion of the surgeon. These articles to be the same as in European hospitals. Adults, one pint, youths, twelve ounces, and children, half a pint.
Supper at 6 o'clock P.M.	ADULTS. Boiled rice $1\frac{3}{4}$ pints, pepper water one pint. YOUTHS. Boiled rice $1\frac{1}{4}$ pints, pepper water twelve ounces. CHILDREN. Boiled rice $\frac{3}{4}$ pint, pepper water six ounces.	ADULTS. Boiled rice $1\frac{1}{4}$ pint, pepper water twelve ounces. YOUTHS. Boiled rice $\frac{3}{4}$ pint, pepper water eight ounces. CHILDREN. Boiled rice $\frac{1}{2}$ pint, pepper water four ounces.	The same as in reduced diet.

Explanations.

The quantities of *raw rice*, allowed under the different denominations of diet, are as follows ;

	FULL DIET.				REDUCED DIET.				SPOON DIET.		
	Breakfast.	Dinner.	Supper.	Total.	Breakfast.	Dinner.	Supper.	Total.	Breakfast.	Supper.	Total.
	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.
Adults.....	4	12	8	24	4	8	6	18	4	6	10
Youths.....	3	8	6	17	3	6	3½	12½	3	3½	6½
Children.....	2	6	3½	11½	1½	3½	2½	7½	1½	2½	4

Adults.....15 years and upwards.

Youths.....from 8 to 15 years.

Children.....under 8 years.

Computation.

16 ounces to the pint.

16 ounces to the pound.

8 drachms to the ounce avoirdupois.

Rotation of diet.

Sunday.....	}	Meat curry.
Tuesday.....		
Friday.....		
Monday.....	}	Vegetable curry.
Wednesday..		
Thursday...		
Saturday....		

8 oz. of raw rice by weight computed to boil into 20 ounces dry by weight, and 28 ounces by measure.

Mutton for curries to be inclusive of bones.

No. 1.

THICK CONGEE.

Bruised rice..... 2 pounds,
 Water..... 12 pints,
 Salt..... 1 ounce : boil to 8 pints.

No. 2.

ATCHAR.

Green gram..... 1 pound,
 Chillies..... 1½ ounce,
 Salt... .. 1 ounce,
 Garlick..... 1 ounce,
 Water..... 12 ounces.

No. 3.

CURRY POWDER.

	Oz.	Drs.
Chillies.....	3	6
Black pepper.....	1	4
Coriander seeds.....	0	6
Turmeric.....	1	1
Cummin seeds.....	0	6
Mustard do.	0	6
Vendeum.....	0	6

No. 4.

MULLOOGATANAY POWDER.

	Oz.	Drs.
Chillies.....	6	0
Black pepper.....	3	0
Mustard seeds.....	0	6
Vendeum.....	0	3

	Oz.	Drs.
Cummin seeds.....	0	3
Turmeric.....	1	4

No. 5.

MEAT CURRY.

	Ibs.	Oz.	Drs.
Mutton with bones.....	2	0	0
Curry powder.....	0	4	2
Tamarinds.....	0	3	0
Salt.....	0	3	4
Onions.....	0	3	4
Ghee.....	0	3	0
Garlick.....	0	0	4
Cariapillay.....	0	0	2

Water sufficient to make four pints of curry.

No. 6.

VEGETABLE CURRY.

Vegetables.....	1½ pounds,
Dholl.....	½ pound,
Other articles as in No. 5, excepting meat,	

No. 7.

PEPPER WATER.

	Oz.	Drs.
Mulloogataney powder.....	2	0
Garlick.....	0	3
Tamarinds.....	4	2
Salt.....	2	4
Onions.....	0	4
Ghee.....	2	0

Water sufficient quantity to make eight pints of pepper water.

2. In order to obviate objections by natives of caste in respect to the preparation of their food, a brahmin, or high caste malabar, will be employed as cook in native hospitals, and also such menials of caste as may be required for serving up the food.

3. In the instances of rajpoots and some other particular castes, whose prejudices may not be thus overcome, firewood, and raw rations, as specified in the diet table, are to be issued instead of dressed food.

4. Wine, spirits, sago, arrow root, and such articles, for native sick, dieted in hospital, will be served out under the surgeon's orders, and entered in the diet rolls, according to the method observed in European hospitals.

5. Beetel and tobacco will be allowed to native sick in the lunatic asylum and eye infirmary, as extra articles, but not to any other descriptions of native sick.

6. Patients on spoon diet are to be understood to receive the breakfast and supper marked in the diet table, unless tea be ordered in substitution, in which case it will be entered as an extra ; and the articles ordered for dinner are to be specified in the columns for extras. All patients receiving other extras than wine, spirits, beetel, tobacco, are to be entered on spoon diet.

7. Weekly diet rolls, in the usual form, for the lunatic patients dieted as Europeans, and monthly diet rolls for all native patients, in the accompanying form, and countersigned by the superintending surgeon, are to be delivered to the commissariat.

8. Out patients of the eye infirmary are to receive rations only when there is no accommodation in the institution for their reception ; and, in such cases, a daily half ration, of the full diet, will be allowed.

9. A half ration of dressed food will, in the same manner, be allowed to an attendant friend of each patient actually blind in the eye infirmary, to mothers whose children are patients, and to children whose mothers are patients; but this indulgence will not be extended to attendants in any other cases.

10. No articles or utensils, required for preparing or serving up diet, are to be included in the diet rolls, or monthly indents for perishable articles.

11. Native military sick in the general hospital or eye infirmary, who may wish to be dieted along with the civil sick, shall be so dieted accordingly, paying a stoppage for the same to be fixed by the commissariat. A notification to be made to the military paymaster, that the money may be recovered from the parties.

12. A sufficiency of good water for drink, and congee water, to the extent of a pint a day for each patient, to be supplied to the native sick.

[illegible]

SECTION XVI.

GOVERNMENT DISPENSARY.

1. The government dispensary, which is established in a central situation in Choultry Plain, is confined entirely to the preparation of the prescriptions of medical practitioners at the presidency, and to the issue of drugs and uncompounded medicines, in cases of emergency, required for immediate use. For what purpose established.

2. Although commissioned medical officers in general at the presidency are permitted to make requisitions on the government dispensary, it is to be understood, that they are not to send prescriptions for persons belonging to charges for which they receive periodical supplies of medicines from the public stores. Officers permitted to make requisitions.

3. A commissioned medical officer, on a salary of rupees 175 per mensem, is appointed to superintend the duties of the dispensary, and is required to reside in the building provided for that institution. Superintendent.

4. The following establishment is authorized for conducting the duties under the superintendent. Establishment.

1 Apothecary, on full batta.

3 Assistant apothecaries, } on the established garrison
3 Native second dressers, } pay of their ranks.

4 Leechmen at rupees 10 each per mensem.

4 Lascars at rupees 7 each per mensem.

The leechmen will furnish leeches, and apply them, when required, at the houses of patients; and they will also be available for dressing blisters, and other minor duties of a subordinate medical attendant.

European medicines.

5. The supplies of European medicines and medical stores, required for this institution, will be furnished from the medical stores at the presidency, on half yearly indents, sanctioned by the medical board.

Asiatic supplies, &c.

6. The supplies of the Asiatic medicines, not received from the medical store department, stationery, and all other necessities, will be procured from the commissariat, on indents sanctioned by the superintending surgeon.

Directions to be observed in making requisitions.

7. The following directions are to be observed by medical officers, who are in the habit of addressing requisitions to the government dispensary.

8. No issue of medicines from the dispensary is to be allowed except on the requisition, in the first instance, of a medical officer; and, on all occasions when a medicine is required to be repeated, the bottle, phial, wrapper, &c., which contained the last supply, must be returned to the dispensary. Should any accident render this impracticable, a new prescription must be furnished.

9. In all cases where liquids are ordered, the prescribing officer is required to enter, at the end of each prescription, "bottle or phial sent," or "not sent," as the case may be.

10. In order to guard against the chance of mistakes in repeating medicines, as well as to obviate unnecessary expenditure, medical officers should be very particular in their injunctions to families and individuals to return all empty bottles, phials, and gallipots, and to destroy pill boxes and wrappers as soon as their contents have been

used, or are no longer wanted. In thus returning empty bottles &c. to the dispensary, the labels should be erased, or crossed out with ink, to signify that they are not required to be replenished.

11. As prescriptions are often varied in the progress of an illness, and as the sending to the dispensary a phial which contained a medicine discontinued, without obliterating the label, would inevitably occasion mistake, it is indispensably necessary that, in every instance when a medicine is discontinued, the label should be immediately obliterated.

12. When two or more phials of medicine are ordered for the same patient on one day, it is necessary, in order to avoid mistake in repeating the medicines, that each should be marked by some distinctive appellation. It is therefore desired, that all medical officers will, in such cases, distinguish the medicines prescribed by some appropriate epithet, such as *aperient*, *anodyne*, *antispasmodic*, &c., mixture, or draught.



SECTION XVII.

CHINTADRAPETTAH DISPENSARY.

1. A dispensary is established, in a building adjacent to the vaccine depot at the east end of Chintadrapettah, for the purpose of affording to the native public servants at the presidency, and to other native inhabitants, when suddenly seized with sickness, such medicines and attendance as the nature of their complaints may require. The patients, who may apply for relief at this institution, will be treated with a particular attention to the observances required by their caste and religion. For what purpose established.

2. The medical attendants and servants consist of one apothecary, one native dresser, one lascar, and one water-woman. Medical attendants and servants.

3. The medical officer in charge of the black town district will give his advice and attendance in all cases of severe disease, and will exercise a general superintendence over the duties of the dispensary. Superintendence.

4. The medicines, &c., required for the dispensary, will be furnished, on indent, by the medical storekeeper, under the check and control of the medical board. European medicines.

5. Asiatic medicines not issued from the medical store department, stationery, and all other necessities, will be furnished by the commissariat, on indents sanctioned by the superintending surgeon of the presidency division. Asiatic supplies, &c.



SECTION XVIII.

DISTRICT SURGEONS AT THE PRESIDENCY.

1. Difficulties having occasionally been experienced by Europeans residing at the presidency, who may not have the means of providing medical aid for themselves and families ; the following local distribution of the duties of medical officers at Madras is published for general information.

Duties of the
district sur-
geons.

2. The officer, appointed to the medical charge of Vepery, and its vicinity, shall be considered also in charge of the sick to the northward of the Mount road, and extending to Persuwakum.

North west
district.

3. The medical officer, appointed to attend the sick officers at St. Thome, shall extend his assistance to all Europeans, of the description already mentioned, who may reside at St. Thome, Royapettah, and south of the Mount road.

South east
district.

4. The surgeon of the black town will be prepared to extend his aid to the black town and Royapoorum, and the European inhabitants in that vicinity.

Black town
district.

5. This arrangement will not supersede the existing orders, which require, that, in cases of emergency, every medical officer shall afford the most prompt assistance, in the first instance, to all cases that may require aid.

6. The duty of affording medical aid to officers on sick certificate, at the presidency, will be performed by

the several officers above mentioned within their respective ranges, and by the garrison surgeon, who will also co-operate in the treatment of such cases with any of the district surgeons when required.

Records and
periodical pa-
pers.

7. With respect to the records to be kept, and periodical papers to be furnished, by them, district surgeons will be guided by the instructions contained in sections 5th and 8th.

Attendance on
the coroner.

8. Although all medical officers at the presidency are held liable to attend the summons of [the coroner, this duty, in ordinary circumstances, will devolve on the medical officer, within whose range the inquest may be held, viz.

The surgeon of the general hospital within the precincts of that hospital.

The surgeon of the black town district, in black town, and the villages near it, and north of it.

The port and marine surgeon, on the beach.

The garrison assistant surgeon, in Fort St. George.

The surgeon of the south east district, in St. Thome and the district lying south east of the Mount road.

The surgeon of the north west district, in Vepery and the district lying north west of the Mount road.

SECTION XIX.

PORT AND MARINE SURGEON.

1. The services of the port and marine surgeon Duty. are to be held available for the performance of all duty connected with the shipping, such as; 1st the inspection of transports for troops under the established rules; 2d the inspection of ships where any particular sickness may appear to demand investigation; 3d, to render aid, in cases of urgent necessity, to seafaring people suffering from accidents, whether on shore, or on board.

2. With respect to the assistance which the port and marine surgeon is expected to render to the marine department, and distressed objects on the beach, it is to be understood that it is to be limited to accidents, and to those particular cases when natives resort spontaneously to an European practitioner. The regulations already provide for the reception into hospital of seamen requiring hospital treatment: and, in cases where severe accidents, or sickness, among the boat people, and marine department, may render such treatment necessary, the patients will be received into the native poor infirmary.

3. A consolidated allowance of rupees 250 per men- Allowance.
sem is granted to the port and marine surgeon, from which he is to defray all expenses of medicines.

4. An apothecary, transferred to the civil list, is at- Apothecary at-
tached to the port and marine surgeon, for the purpose tached.

of affording immediate medical aid, in such cases of accidents, as may occur among the boatmen, and other persons from the beach department, requiring professional assistance.

Detailed instructions for visiting Company's ships, and for inspecting transports.

5. The port and marine surgeon shall repair on board of every Company's ship on her arrival in these roads, for the purpose of communicating useful advice and information for the preservation of the health of her crew, under such particular instructions as he may receive from the medical board for his guidance.

6. The port and marine surgeon will consider it his duty to take the most suitable measures, in order to his being early apprized of the arrival of any of the Company's regular or chartered ships in the roads; and he will forthwith repair on board, and make a careful inquiry.

7. The port and marine surgeon is supposed, as matter of course, to be fully acquainted with the actual condition and state of health prevailing at the time on shore, whether among the military, or the inhabitants generally of Madras; and, by such actual condition, and the existing appearances of the weather, he will be enabled to judge, and to inform the parties concerned, whether there may be occasion for the adoption of extraordinary measures of precaution, or only for such as the acknowledged greater susceptibility of new comers obviously demands, so long as the spasmodic cholera shall continue to manifest itself in these latitudes.

8. The port and marine surgeon will make report *direct* to the medical board, immediately on his return from all visits of inspection made under these orders, in which the state of the crew, and the general scope of his observations are to be distinctly communicated.

9. When a ship is tendered for the conveyance of troops, and a military survey of it ordered, the quarter master general of the army, will notify the time appointed for such survey to the port and marine surgeon, who will proceed on board with the military surveying officer, to whom he will report his opinion in regard to the means of ventilation, &c.

10. On this occasion the port and marine surgeon will exact, from the surgeon of the ship, a detailed list, according to a printed form, which will have been previously given to the commander by the marine board, of the contents of the ship's medicine chest, signed by the surgeon, and duly certified by the commander, exhibiting every medicine, instrument, and utensil, and the quantities thereof then remaining. Having received this list, he will examine the medicine chest, and note in the column of remarks any instances in which it may not correspond with the list; and he will then transmit the survey report with his observations to the medical board, who will order such further supplies of medical stores as may be deemed requisite.

11. The port and marine surgeon will again examine the medicine chest after its stores have been completed.

12. A boat will be furnished, at the public expense, to convey the port and marine surgeon when proceeding on duty on board of any ship.



APPENDIX.

Detailed instructions respecting the supply of Asiatic medicines and hospital necessities. (Sec. 1. paras. 6, 7, and 32.

1. The Asiatic medicines enumerated in the annexed list, No. 1, will be furnished to hospitals through the medium of the medical store department, and will be included in the half yearly indents for European medicines:

2. All other bazar articles, and necessities, will be supplied to hospitals by the commissariat, on indents from the medical officer in charge, sanctioned by the superintending surgeon; those enumerated in list No. 2 on monthly, and those in list No. 3 on half yearly, indents.

3. Such of the articles included in list No. 2 as may be actually necessary will be supplied, whenever required, by the commissariat servant, on receipts, to be exchanged by the medical officer, at the end of the month, for a general indent, sanctioned by the superintending surgeon.

4. The half yearly indents for the articles specified in list No. 3 will be prepared in the same form, and at the same periods, as prescribed in regard to half yearly indents for European medicines.

5. As lists Nos. 2 and 3 have been made very comprehensive, articles not included in them are not to be supplied under ordinary circumstances; and requisitions for such unusual supplies must eventually be submitted for the special sanction of the medical board.

6. To aid superintending medical officers in checking indents, a scale of supply, deduced from the average ex-

penditure in the several divisions of the army, has been entered in list No. 3; and, to afford the medical board full information as to the expenditure, the requisite addition has been made to the printed half yearly returns of expenditure, &c., of European medicines.

7. The articles of furniture, and the utensils, to be maintained in each hospital, both in garrison and in the field, are enumerated in list No. 4; those allowed in garrison, but not in the field, being considered as hospital fixtures, to be delivered over to the commissariat servant on the spot on the removal of a corps. An indent will be made annually, on the 1st of May, for any articles required to replace such as may have become unserviceable: and superintending surgeons will withhold their sanction from such requisitions, unless they are fully satisfied with the explanation given of the loss or injury of the articles reported deficient or unserviceable. An annual return of hospital furniture, agreeably to the annexed form, No. 5, will be made to the medical board.

No. 1.

List of Asiatic medicines to be supplied from the medical store department, on the regular half yearly indents.

Acaciæ gummi.

Alumen.

Ammoniacæ murias.

Assafoetidæ gummi resina.

Calumbæ radicis pulvis.

Cambogia.

Camphora.

Cardamomi semina.

Caryophylli.

Catechu extractum.

Cinnamomi cortex.

Coriandri semina.

Cubeba.

Gallæ.

Justicia paniculata.

Mastiche.

Myrrha.

Oleum cinnamomi.

„ ricini.

„ tiglii.

Opium.

Potassæ nitras.

Sennæ folia.

Sodæ subboras.

Zingiberis radix.

„ radicis pulvis.

No. 2.
Monthly Supplies.

ARTICLES.			REMARKS.
MEDICINES.			
Chillies	-	lb.	Many of the articles included in this list being but seldom required, no correct estimate of the probable expenditure can be made.
Garlic	-	lb.	
Hog's lard	-	lb.	
Limes	-	No.	
Lime peel	-	lb.	
Liquorice root	-	lb.	
Mustard, Europe	-	Bottles	
Mustard seeds, Country	-	lb.	
Pomegranate bark	-	lb.	
Salt common	-	lb.	
Tamarinds	-	lb.	
NECESSARIES.			
For poultices.	Bran	lb.	Rice or rice flour, or wheat flour where more abundant, will constitute the ordinary material for poultices. The other articles will be but rarely required.
	Bread	lb.	
	Carrots (where procurable)	lb.	
	Flour rice	lb.	
	Do. wheat	lb.	
	Milk	lb.	
	Pumpkins	No.	
	Rice	lb.	
	Toddy	Bottles	
	Bottles empty, quart	No.	
	Do. pint	No.	
	Brooms	Bundles	
	Candles	No.	
	Charcoal	Bundles	Very seldom requisite.
	Chatties	No.	
	Eggs	No.	
	Firewood, faggots of 60 lb.	-	For European hospitals.
	Do. do. of 7 lb.	-	For native do.
	Goggles	No.	
	Lamp thread	lb.	
	Leeches	No.	
	Limestone burnt	lb.	
	Oil cocoanut (or Gingely)	lb.	
	Oil lamp	Measures.	One ollock allowed for each lamp for one night.
	Plantain leaves	No.	
	Rope	Yards	
	Spitting pots	No.	
FOR NATIVE HOSPITALS.			
	Arrack	Bottles	
	Brandy	Bottles	
	Madeira Wine	Bottles	
	Port Wine	Bottles	
	Lisbon Wine	Bottles	
	Straw	Bundles	

No. 3.
Half Yearly Supplies.

ARTICLES.	ESTIMATED HALF YEARLY SUPPLY.				REMARKS.
	European regiment.		Native regiment.		
MEDICINES, &c.					
Arrack for external use	lb.	16	0	4	0
Cowhage	lb.	9	8	0	3
Honey	lb.	6	0	1	8
Linseed	lb.	10	0	1	8
Nutmegs	lb.	0	4	0	1
Orange peel	lb.	2	0	0	8
Sarsaparilla Country	lb.	0	0	6	0
Spice powder	4 oz Box	8		1	
Spogel seeds	lb.	3	0	1	0
Sugar	lb.	12	0	3	0
Vinegar Country, for external use	lb.	36	0	6	0
MATERIALS.					
Bandage cloth ordinary	Yards	200		60	
Do. fine	Yards	18		6	
Corks bottle	No.	96		36	
Cumblies for fomentation	No.	6		2	
Liat Country	lb.	4	1	2	0
Needles common large	No.	8		4	
Razors	No.	1		0	
Soap Country	lb.	12	1	2	0
Do. Europe	Cakes	6		2	
Thread sewing, Country	lb.	0	1	0	1
Tin pots for surgery	No.	3		2	
Twine Country	lb.	1	1	0	1
Strait jackets	No.	2		1	
STATIONERY.					
Paper foolscap	Quires	9		3	
Do. blotting	Quires	$\frac{1}{2}$		$\frac{1}{2}$	
Do. Goa	Quires	12		3	
Do. China	Quires	24		6	
Do. brown Country	Quires	20		8	
Ink bottles, China	No.	2		1	
Ink powder, black	Papers	4		2	
Do. red	Papers	1		$\frac{1}{2}$	
Pencils blacklead	No.	4		2	
Quills	No.	100		30	
Slate pencils	No.	6		2	
Wafer box	No.	1		$\frac{1}{2}$	
Penknives	No.	1		1	
Rubber, Indian	Pieces	$\frac{1}{2}$		$\frac{1}{2}$	
Slates	No.	1		1	
Rulers	No.	1		1	
Hone	No.	1		1	
Strap	No.	1		1	
Wafer stamp, common	No.	1		1	
Paper folder	No.	1		1	
FOR NATIVE HOSPITALS.					
Arrow root	lb.	0	0	4	0
Sago	lb.	0	0	6	0
Cumblies	No.	0			
Mats	No.	0			
Towels	No.	0*		6	
To be renewed only when necessary.					
} Annually.					
} Triennially.					
* To be supplied in the same manner as hospital clothing.					

To be renewed only
when necessary.

} Annually.

} Triennially.

* To be supplied in
the same manner as
hospital clothing.

Note. The articles allowed annually, or triennially, are not to be indented for, or sanctioned, as a matter of course, at these intervals, but only when actually required.

No. 4.

List of furniture and utensils to be allowed for each regimental hospital, European and native; and to be kept complete by annual indents.

			EUROPEAN REGIMENT.		NATIVE REGIMENT.		ARTICLES TO BE CONSIDERED AS HOSPITAL FIXTURES.		REMARKS.
			In garrison.	In the field or marching.	In garrison.	In the field or marching.	European regiment.	Native regiment.	
Almirals	-	No.	2	0	1	0	2	1	
Basons, brass	-	No.	2	2	1	1	0	0	
Chairs	-	No.	4	2	2	1	2	1	
Corkscrew	-	No.	1	1	1	1	0	0	
Crutches	-	Pairs.	2	2	1	1	0	0	
Docket holders, tin, complete with nails	}	No.	100	0	30	0	100	30	
Fomentation tins		No.	10	6	2	1	4	1	
Lantern, common	-	No.	1	1	1	1	0	0	
Lamps square for lighting native hospitals	}	No.	0	0	*2	0	0	2	* One for each ward.
Lime squeezer		No.	1	1	1	1	0	0	
Night chairs	-	No.	16	2	0	0	14	0	
Pans, brass, for do.	-	No.	16	8	0	0	8	0	
Nutmeg grater	-	No.	1	1	1	1	0	0	
Portable handshades, tin, with stand	}	No.	2	2	1	1	0	0	
Rat trap		No.	1	0	1	0	1	1	
Shelves for medicines	-	No.	*	0	*	0	0	0	* Where not already supplied, but required.
Trays, rattan, for dressings	No.	2	1	1	1	1	1	0	
Trays for medicines	-	No.	2	1	1	0	1	1	
Table, compounding	-	No.	1	0	1	0	1	1	
Do. writing with drawers	-	No.	1	1	1	1	0	0	
Tubs for bathing	-	No.	2	0	1	0	2	1	
Do. for foot baths	-	No.	4	1	0	0	3	0	
Writing stands	-	No.	2	0	0	0	2	0	
Fumigating bell	-	No.	1	0	0	0	1	0	
FOR NATIVE HOSPITALS.									
Barrack cots	-	No.	0	0	15	0	0	15	
Palliasses	-	No.	0	0	15	*8	0	7	* One set of bedding to be carried in each dooly.
Pillows with cases	-	No.	0	0	15	*8	0	7	
Quilts or cumblies	-	No.	0	0	30	*15	0	15	

Note. 1. The articles allowed in garrison, but not in the field or marching, are to be considered hospital fixtures, and not on any occasion to be removed on the march of corps.

2. The commissariat servant on the spot will receive charge of these fixtures from the medical officer on the removal of a corps, and will transfer them to the medical officer of the relieving corps; the condition of each article being distinctly expressed in the receipts exchanged on these occasions.

3. The annual indent is to be dated 1st May; and an annual return is at the same time to be forwarded to the medical board, on the same principle as the half yearly returns of medicines, &c.

(FORM.) No. 5.

Annual return of hospital furniture from the 1st May 183 , to
the 30th April 183 , in regiment.

ARTICLES.	No.	Remained 30th April, 183	Received on indent dated 1st May, 183	Total.	Expended or become unserviceable.	Remaining on the 30th April, 183	Required on indent dated 1st May, 183	Actually supplied.	REMARKS.
Admirals	-	No.							
Basons, brass	-	No.							
Chairs	-	No.							
Corkscrew	-	No.							
Crutches	-	Pairs							
Docket holders, tin, complete	}	No.							
with nails									
Fomentation tins	-	No.							
Lantern, common	-	No.							
Lamps square for lighting	}	No.							
native hospitals									
Lime squeezer	-	No.							
Night chairs	-	No.							
Pans, brass, for do.	-	No.							
Nutmeg grater	-	No.							
Portable hand shades, tin,	}	No.							
with stand									
Rat trap	-	No.							
Shelves for medicines	-	No.							
Trays, rattan, for dressings	-	No.							
Trays for medicines	-	No.							
Table, compounding	-	No.							
Do. writing with drawers	-	No.							
Tubs for bathing	-	No.							
Do. for foot baths	-	No.							
Writing stands	-	No.							
Fumigating bell	-	No.							
FOR NATIVE HOSPITALS.									
Barrack cots	-	No.							
Palllasses	-	No.							
Pillows with cases	-	No.							
Quilts	-	No.							
Cumblies	-	No.							

Station }
Date }

A. B.
Surgeon.

C. D.
Supg. Surgeon.

Note. The last column in this return is to be filled up by the superintending surgeon.

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